COMMERCIAL GENERAL LIABILITY

Policy Number:

This endorsement changes the policy. Please read it carefully.

AMATEUR ATHLETIC
WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the U.S. AMATEUR SOCCER ASSN AND ALL ITS MEMBERS athletic/sports program, and related events and activities, the undersigned:

1. Agree that prior to participating, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their coach or supervisor of such condition(s) and refuse to participate;

2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, but also from inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time;

3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death;

4. Release, waive, discharge and covenant not to sue the CALIFORNIA SOCCER ASSN NORTH, the Monterey Peninsula Soccer League and **Sacramento Adult Soccer League**_____, its affiliated clubs, their respective administrators, directors, agents, coaches and other employees and contractors of these organizations, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as releasees from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

PRINTED NAME	SIGNATURE	DATE