

TOPS Soccer Registration Form & Liability Waiver

Separate form required for each player and volunteer, including for any parent volunteer.

Last Name: _____ First Name: _____ Date of Birth: _____

One-Time Release of Liability

This one-time form must be completed and signed before a player or volunteer may participate in TOPS program activities. By signing this form, I attest that I am the non-minor player or volunteer named above, or legal guardian of the above-named minor player or volunteer, that I affirm having read the form and acknowledge having had sufficient opportunity to have this agreement reviewed by counsel. On my own behalf and on behalf of my heirs, successors, and assigns, I hereby forever release and discharge and agree to indemnify and hold harmless TOPS soccer, its agents, servants and employees from any and all liabilities, claims, costs, demands, or causes of action, whether known or unknown ("claims") that I may have now or hereafter have for injuries or damages arising out of my participation in any TOPS program activities. I understand that adults and children of varying ages and sizes will interact with myself and/or my minor child in the normal course of participation, and understand and acknowledge that dangers of personal injury are inherent in participation in such activities. I expressly and voluntarily assume all risks of death or personal injury sustained during participation, including but not limited to the risks incurred in all such activities and those arising from hidden, latent, or obvious defects in equipment or facilities used. I acknowledge the possibility that my successors or I may not fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. The release is intended to be binding on my heirs and assigns. This release is being signed in consideration for the opportunity to participate in TOPS program activities and events. It is an agreement made under seal and is governed by Massachusetts law. Falsification of this release shall be construed to relieve TOPS, its agents, servants, and employees from any liability or responsibility as set forth above.

Additionally, as the non-minor player or volunteer, or guardian of the above-named player or volunteer, I hereby give my consent for emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of myself or my dependent. I also agree that TOPS may utilize pictures and names of myself and/or my dependent(s) on its website, related sites, in promotional materials, and communications, and that TOPS may share my name and addresses with other related programs or similar organizations.

Player or Volunteer **age 18+** (please print)

Signature

Date

Parent/Guardian of **Minor** Player/Volunteer (please print)

Parent/Guardian Signature

Date

One-Time Medical Authorization for Players, ONLY *(not volunteers)*

Player's Name (please print): _____

I authorize that this individual is under my care and is medically cleared to participate in the various activities of the TOPS soccer program.

Physician Name (please print)

Signature

Date

For questions, please contact David Dube at 617-947-5641. Please mail to:
Wakefield Soccer Association attn: TOPS, P.O. Box 177, Wakefield, MA 01880 or travelteams@wakefieldsoccer.org