

## INDOOR SOCCER LEAGUES/PRACTICES/PARTIES -- ASSUMPTION OF RISK AGREEMENT

I, the Participant or the Parent/Guardian named below, being 18 years of age or older and a parent or legal guardian of the minor Participant named below (if applicable) (“me” or “my child”), desire to participate or allow my child to participate in athletic activities at the **THOMAS INDOOR SOCCER CENTER** provided by Soccer Mania LLC at Liberty University (“Activities”). In consideration of me or my child being a participant in the Activities, I agree to the terms below and hereby assume all risks associated with my or my child’s participation in the Activities, including those specifically identified in the following provisions.

### Risks:

The Activities have certain inherent risks, which may affect me or my child, including, but not limited to, property damage or loss, temporary or permanent bodily injury, sickness, disease, and death. Specific risks that may be involved in the Activities include, but are not limited to: unwanted contact with other participants and their playing equipment, equipment failure, fast-moving playing equipment (including things like balls), contact with the playing surface (turf) and surrounding elements, environmental conditions (glass and dasher boards), slipping, tripping, falling, dehydration, and my or my child’s individual susceptibility to harm or injury (whether known or unknown to me or my child). The results arising from these and other inherent risks may include, but are not limited to, serious neck and spinal injuries, causing complete or partial paralysis and/or brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, concussions, sprains, and other serious injury or impairment to other aspects of the body, and general health and well-being.

### Medical Fitness and Treatment Authorization:

I represent myself or my child to be in sufficiently good health to participate in the Activities and that I am or my child is free from any medical condition, physical or mental, that could interfere with my or my child’s ability to participate in the Activities or that could be worsened by participating in those activities or that could endanger my or my child’s health or safety or the health or safety of other participants. I assert that I have valid and current insurance to cover any injury or damage I or my child may cause or suffer while participating in the Activities, or I agree to personally bear the costs of such injury or damage. Should I or my child require emergency medical treatment as a result of accident or illness arising during the Activities, I consent to such treatment. I acknowledge that [Soccer Mania LLC and Liberty University](#) does not provide health or accident insurance.

### Photography Consent:

I hereby grant Liberty University and Soccer Mania LLC consent to use any photograph/likeness or video of me or my child for marketing purposes.

### Governing Law; Forum Selection:

This agreement will be governed by Virginia law. Any legal action arising out of or relating to this agreement must be brought in a state court sitting in Lynchburg, VA.

**\*\*COMPLETE IF PARTICIPANT IS 17 OR YOUNGER\*\*:** Having read the above statements regarding the risks involved with indoor soccer, practices, and parties. I agree to the terms above and I hereby assume the risks attendant to my child’s participation in the Activities, intending to bind myself, my child, and my child’s family, estate, heirs, administrators, personal representatives, and assigns.

Participant’s Name: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Team Name and Age Group: \_\_\_\_\_

Emergency Contact Name and Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*COMPLETE IF PARTICIPANT IS 18 YEARS OR OLDER\*\*:** Having read the above statements regarding the risks involved with the Activities, I agree to the terms above and hereby assume the risks attendant to my participation in the Activities, including the ones stated above.

Participant’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_