**NOTE: This form must be read and signed before the participant is permitted to take part in North Texas Soccer, Inc. referee program fitness testing and/or field session held on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

In consideration of my involvement in activities under the auspices of the U. S. Soccer Federation and hosted or organized by the North Texas Soccer Association, Inc., I acknowledge that:

1. There is a risk of personal injury inherent in participating in this clinic. I knowingly and freely assume this risk. I willingly agree to comply with the state and customary terms and conditions for participation.
2. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next to kin, hereby release, hold harmless and promise not to sue the U. S. Soccer Federation or North Texas Soccer, the officers, volunteers, staff, sponsors, and/or agents of either organization (“Releasees”) with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the Releasees or otherwise, except that which is the direct result of gross negligence or wanton misconduct of the Releasees, to the fullest extent permitted by law.

I have read this Waiver and Release of Liability Agreement and fully understand its terms.

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

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_