

# Pioneer Valley Summer Soccer League

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## AMATEUR ATHLETIC "WAIVER AND RELEASE OF LIABILITY" FORM

(NOTE: THE WAIVER AND RELEASE FORM MUST BE SIGNED BEFORE PLAYING IN THE PVSSL)

### IN CONSIDERATION OF BEING ALLOWED TO PLAY IN THE PVSSL, THE UNDERSIGNED:

1. **AGREES THAT PRIOR TO PARTICIPATING** - IN THE CASE OF A MINOR PARTICIPANT, THE PARENT(S) OR LEGAL GUARDIAN(S) WILL INSTRUCT THE MINOR PARTICIPANT - HE/SHE SHOULD INSPECT THE FACILITIES AND EQUIPMENT USED, AND IF THE PARTICIPANT BELIEVES ANYTHING TO BE UNSAFE, HE/SHE SHOULD IMMEDIATELY INFORM HIS/HER COACH OR MANAGER OF SUCH CONDITION(S) AND REFUSE TO PARTICIPATE.
2. **ACKNOWLEDGES AND FULLY UNDERSTANDS THAT EACH PARTICIPANT** WILL BE ENGAGING IN AN ACTIVITY THAT INVOLVES A RISK OF SERIOUS INJURY, INCLUDING PERMANENT DISABILITY AND DEATH AND SEVERE SOCIAL AND ECONOMIC LOSSES, WHICH MIGHT RESULT NOT ONLY FROM THEIR ACTIONS/INACTIONS OR NEGLIGENCE, BUT THE ACTIONS/INACTIONS OR NEGLIGENCE OF OTHERS, THE RULES OF PLAY, OR THE CONDITIONS OF THE PREMISES OR OF ANY EQUIPMENT USED. FURTHER, THAT THERE MAY BE RISKS NOT KNOWN TO US OR REASONABLY UNFORESEEABLE AT THIS TIME.
3. **ASSUMES THE FOREGOING RISKS AND fully ACCEPTS PERSONAL RESPONSIBILITY** FOR THE DAMAGES FOLLOWING SUCH INJURY, PERMANENT DISABILITY OR DEATH.
4. **RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE** THE PIONEER VALLEY SUMMER SOCCER LEAGUE, ITS AFFILIATE TEAMS, THEIR RESPECTIVE ADMINISTRATORS, DIRECTORS, AGENTS, COACHES AND OTHER EMPLOYEES OF THE ORGANIZATION, OTHER PARTICIPANTS, SPONSORING AGENTS, ADVERTISERS, VOLUNTEERS AND, IF APPLICABLE, OWNERS AND LEASERS OF PREMISES USED TO CONDUCT THE GAME, ALL OF WHICH ARE HEREINAFTER REFERRED TO AS THE "RELEASEES," FROM ANY LIABILITY TO EACH OF THE UNDERSIGNED, HIS/HERS HEIRS AND NEXT OF KIN FOR ANY AND ALL CLAIMS, DEMANDS, LOSSES OR DAMAGES ON ACCOUNT OF INJURY INCLUDING DEATH OR DAMAGE TO PROPERTY, CAUSED OR ALLEGED TO BECAUSE IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEE OR OTHERWISE.
5. **I CURRENTLY HAVE, AND AGREE TO MAINTAIN THROUGHOUT THE TIME** THAT I TRAIN AND COMPETE, VALID AND SUFFICIENT MEDICAL AND ACCIDENT INSURANCE. I UNDERSTAND THAT THIS IS MY SOLE RESPONSIBILITY AND RELEASE ALL PERSONS AND ENTITIES FROM PROVIDING THIS COVERAGE FOR ME.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE INFORMATION AND UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I/WE SIGN IT VOLUNTARILY.

PLAYER'S Printed NAME (print clearly) \_\_\_\_\_

PLAYER'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PARTICIPATING TEAM \_\_\_\_\_

TEAM'S DIVISION (circle one): **Adult MEN, Adult WOMEN, H.S.Boys, H.S.Girls**

(IF PLAYER IS LESS THAN 18 YEARS OF AGE, THEN PARENT OR LEGAL GUARDIAN MUST ALSO SIGN BELOW)

PARENT/GUARDIAN (print clearly) \_\_\_\_\_ DATE \_\_\_\_\_

PARENT/GUARDIAN'S SIGNATURE \_\_\_\_\_