El Sol de Nevada El Sol de Nevada

Soccer League INC

ELSOLRENO.COM	ELSOLRENO.COM	ELSOLRENO.COM	ELSOLRENO.COM
DIVISION(S):			
PLAYER'S NAME	:		
TEAM NAME:			
ADDRESS:			
DATE OF BIRTH:.			
PHONE NUMBER	:		
EMAIL:			
I hereby certify that mys tournament. EL SOL DE coaches, spectators or emergencies. Individual of injury to myself, spou	self, spouse or child is in go E NEVADA SOCCER LEAC game officials. The Emergo is are responsible for all ch ise, child from the activities ient disability and death, an	ood health and capable of GUE INC AND DBAs carry ency Medical Service will be arges resulting from a me s involved in the tourname	no insurance for players be called for all medical dical emergency. The risk nt is significant, including

discipline may reduce this risk, serious injury does exist. I understand that if I register myself, spouse, child on a team older than the division he/she belongs to I assume all responsibility.

I myself, spouse, child and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE THE OTHER PARTICIPANTS, EL SOL DE NEVADA SOCCER LEAGUE INC. EL SOL DE NEVADA LLC. FUTSOL SPORTS ARENA. EL SOL DE NEVADA SOCCER LEAGUE, WASHOE COUNTY SCHOOL DISTRICT, ANYEMPLOYEE, AGENT, REPRESENTATIVE, STAFF, REFEREE, OWNERS AND LESSORS OF PREMISES used to conduct the event, WITH RESPECT TO ANY AND ALL INJURY DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INCIDENT to myself, spouse, child's involvement or participation in this tournament. Whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law. I refuse the right to any and all claims, suits, losses or damages against the releasees.

> I do understand that I am a guest at the facilities where El Sol de Nevada Soccer League INC hosts games, and do understand that if I am asked to vacate the premises and do not I will be trespassing

PRINTED NAME PARENT/PLAYER SIGNATURE DATE

By signing this registration form I certify that I have read all the online rules located under the FUTSOL SPORTS ARENA link and willingly accept these.

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I hereby certify that myself, spouse or child is in good health and capable of safe participation for this tournament. EL SOL DE NEVADA SOCCER LEAGUE INC AND DBAs carry no insurance for players, coaches, spectators or game officials. The Emergency Medical Service will be called for all medical emergencies. Individuals are responsible for all charges resulting from a medical emergency. The risk of injury to myself, spouse, child from the activities involved in the tournament is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, serious injury does exist. I understand that if I register myself, spouse, child on a team older than the division he/she belongs to I assume all responsibility.

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