



Release of Liability Waiver

Date: _____

Participant's Name: (First name Last name): _____

Birth Date: (yyyymmdd): _____

Phone: (999-999-9999): _____

Parent(s) Name (If under18)

Printed: _____

Signed: _____

Address: _____

Zip Code: _____

Email address: _____

Coach Name: _____ BASL Soccer Staff Name: _____

I have read and fully understand this "activity" involves risks of serious bodily injury, including permanent disability, paralysis and death, which may be caused by my own actions, or inactions, those of others participating in the "activity", the conditions in which the "activity" takes place, or the negligence of the "releasees" named below; and that there may be other risks either not known to me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the "activity". I hereby release, discharge, and covenant not to sue the Jacksonville Ice and Sportsplex, BASL Soccer, it's directors, officers, administrators, sponsors, volunteers, agents, employees, staff, instructors, trainers, other participants and if applicable, owners and leasers of premises including specifically BASL, on which the "activity" takes place (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations; and I further agree that if, despite this release, waiver of liability, and assumption of risk, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save, and hold harmless each of the releasees from any loss, liability, damage, or cost which any may incur as the result of such claim.

Skate World, Inc, d.b.a. Jacksonville Ice and Sportsplex
Beaches Adult Soccer League, d.b.a. BASL Soccer
Metro Park Holdings, LLC
Irongate Holdings, LLC
Meek Development Group, Inc.
USSF / USSSA / FSSA