

Farmer Jim's Sports Complex – Indoor Soccer
OFFICIALS WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration to officiating indoor soccer, the undersigned acknowledges, appreciates, and agrees:

1. That when I am engaged as a soccer official at Farmer Jim's Sports Complex, I am an independent contractor and not an employee, and agree to accept the game fees established by the facility for my services; and
2. I recognize the risk of injury from these activities does exist. I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES** or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for officials. If, however, I observe any unusual significant hazard while performing my duties, I will remove myself from officiating and bring such to the attention of the nearest employee immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE AND HOLD HARMLESS** the independent facilities their officers, agents, and /or employees, the assignor, other officials, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), **WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.**
5. It is my responsibility to report the income generated from the refereeing activity to the tax authorities since the facility is not involved in collecting and keeping track of the fees.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT,

Official's Name (Print)	Official's Home Address (City, State, Zip)		
Official's Signature	Date Signed	Phone	E-Mail Address

FOR OFFICIALS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as a parent/guardian with legal responsibility for this official, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement as an official in these programs as provided above, **EVEN IF ARISING FROM THEIR NEGLIGENCE.**

Name of Parent/Guardian (Print)	() Emergency Phone Number
Parent/Guardian Signature	Date Signed
