

OMSA Waiver

rev 1/2016

Player Name: _____

Birth Date: _____ Team: _____

Risks: I understand the nature and physical demands of soccer. I have made the OMSA aware of any and all medical and physical conditions which might affect my participation or otherwise might limit my participation. I understand that reasonable procedures are employed by the OMSA, but that unforeseen circumstances of accidental events may occur, for which the OMSA, their officers, agents, volunteers and representatives, and employees cannot be held responsible. I hereby assume all ordinary risks normally incidental to the nature of Soccer, including those risks which are not foreseeable.

Release: I unconditionally waive and release OMSA, their officers, agents, volunteers and employees from any and all claim, rights or causes of action which I now have or may have in the future for any injuries, expenses, loss of compensation, loss of service, or other damages (general specific of damages to personal property) which I may experience as a direct or indirect result of the use the services, facilities, instruction or premises of the OMSA, or as a direct or indirect result of my participation in Soccer, or from any negligence on the part of the OMSA, including any act or failure to act.

Indemnification: I unconditionally promise and agree to indemnify the OMSA and their officers, agents, volunteers and employees and to hold said persons harmless from any and all claims, rights or causes of action which may be asserted against the OMSA, their officers, agents, volunteers or employees by any person as a result of my participation in Soccer or as a result of any injuries, expenses, loss of compensation, loss of experience as a direct result or indirect results of the use of the services, facilities, instructor or premises of the OMSA, or from any negligence on the part of the OMSA including any actor failure to act.

Medical Accident Coverage: I have been informed and am aware that the OMSA does not have in force an insurance policy to provide insurance against MEDICAL AND HOSPITALIZATION COSTS which are incurred as the result of injuries incurred by me while engaging in Soccer. I understand medical coverage is only my own medical and hospitalization insurance.

No Liability Insurance: I have been informed and am aware that the OMSA does not provide, nor am I covered by, any policy of liability insurance which would otherwise serve to compensate me in the event of an injury, expense, loss of compensation, loss of service, facilities, instruction or premises of the OMSA, or from any negligence on the part of the OMSA, their officers, agents, volunteers, or employees, including any act or failure to act.

Binding Effect: This agreement is binding upon me and upon my heirs, assigns, dependents, personal representatives, attorney, and my estate. This agreement is also binding upon me, on whose behalf it is executed and upon any legal guardian thereof.

Entire Agreement: This document constitutes the entire agreement between the OMSA and the undersigned regarding the subjects covered hereby. All previous agreements, oral or written are suspended and there exist no further oral or written representations, promises, assurances, or statements of any kind affecting this agreement except those which are expressly set forth in this document. I acknowledge that we have read this entire document, that I fully understand its meaning and contents and the rights we are relinquishing are true and correct, and that the contents are true and correct, and that I am executing this document the full knowledge and understanding of its effect.

Player Signature: _____ Date: _____

Team Manager: _____ Date: _____

Registrar: _____