RollerPalace Inc. / Soccer Etc.

130 Sohier Rd. Beverly, MA 01915
Phone: 978.927.4422 www.rollerpalace.net

PARTICIPANT AGREEMENT, RELEASE AND ACKNOWLEDGMENT OF RISK

I understand and acknowledge that the activity I am about to voluntarily engage in at **Roller Palace Inc. d/b/a Soccer Etc.** as a participant and/or volunteer bears certain risks and unanticipated risks which could result in physical or emotional injury, or damage to myself to my property or to spectators or other third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.

Furthermore **Roller Palace Inc. d/b/a Soccer Etc.** employees have a difficult job to perform. They seek safety, but they are not infallible. They might be ignorant of a participant's physical fitness or abilities, but please be assured that your safety comes first. Being aware of the risks involved in this activity, I expressly agree, covenant and promise to accept and assume all responsibility and risks for injury, or damage to myself, to others, or to my property arising from my participation in this activity.

I hereby voluntarily release, forever discharge, and agree to hold harmless and indemnify **Roller Palace Inc. d/b/a Soccer Etc.** its agents or employees, and all other persons or entities from any liability, claims, demands, actions or rights of actions, which are related to arise out of, or are in any way connected with my participation in this activity or my use of this facility, its agents or employees, and all other persons or entities, for any injury, death illness or disease, and damage to myself and property.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against **Roller Palace Inc. d/b/a Soccer Etc.** or its officers, agents or employees.

I certify that I have sufficient health accident and liability insurance to cover any bodily injury or damage I may cause or suffer while participating or else I agree to bear cost of such injury or damage myself. I further certify that I have no medical or physical conditions which could interfere with my safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.

My signature below indicates that I have read this entire document, understand it completely, understand that it may affect my legal rights, and agree to be bound by its terms.

Participant:_____ D.O.B.:_____

Signature:_____ Legal Guardian:_____
(if participant is under the age of 18)

Address:_____ _____ ____ _____
(# and street) (city/town) (state) (zip)

E-Mail Address:_____

Phone:_____

Team Name:_____ Division:_____

****Please bring this form with you at time of registration. 2016/17 Season.**