



2017 SUMMER TSX SOCCER CLINICS REGISTRATION/WAIVER FORM

Date of Birth _____ Age _____ Grade: _____ Male _____ Female _____

Name (Please print) _____

Street: _____ City _____ State _____ Zip _____

Phone: Home: _____ Cell _____ Email: _____

Multiple child discounts. Membership fee: \$15 annually. Please CIRCLE Clinic and Date

<u>CLINIC</u>	<u>DATES</u>	<u>TIMES/COST</u>	_____
TSX Soccer	08/07 - 08/11	9:00a-12:00p (\$159)	_____

Total Cost: _____

* Four day session, skips 7/4 and prorated,

I acknowledge that the sport I am signing up for is an inherently dangerous sport in which I participate at my own risk. In consideration of the agreement of the Tyngsboro Sports Center (TSC) allowing me to participate in the above-referenced sport, event or activity, hereby on behalf of myself, my heirs, assigns and personal representatives, I release and forever discharge TSC, its officers, employees, agents, members, sponsors, promoters and affiliates from any and all liability, claim, loss, cost of expense and waive and promise not to sue on any such claims against any such person or organization arising directly or indirectly from or attributable in any legal way to any negligence, action or omission to act of any such person or organization in connection with sponsorship, organization or execution of any sporting event or activity in which I may participate as a team member or spectator. I fully realize the dangers of participating in the event or activity referred to above and fully assume the risks associated with such participation including, by way of example, and not limitations, the following: the dangers of collisions with other players, and fixed or moving objects; the dangers arising from surface hazards, equipment failure, and inadequate safety equipment; and the possibility of serious physical and/or mental trauma or injury associated with this activity or event. I hereby waive, release, and discharge for myself, my heirs, executors, administrators, legal representatives, assigns, and successors in interest (hereinafter collectively "successors") and all rights and claims which I have or which may hereafter occur to me against TSC, the sponsor of this event, any promoters and any promoting organization(s), property owners, law enforcement agencies, and all public entities through or by which the events will be held for any and all damages which may be sustained by me directly or indirectly in connection with, or arising out of, my participation in or association with the event, or travel to or from the event. I agree, for myself and successors, that the above representatives are contractually binding and are not mere recitals, and that should I or my successors assert my claim in contravention of this agreement, I or my successors shall be liable for the expenses incurred (including legal fees) incurred by the other party or parties in defending, unless the other parties are financially adjudged liable on such claim for willful and wonton negligence. The parties agree that Massachusetts's law applies. There are no refunds.

Print Name of Parent/Guardian: _____ Date: _____

Signature of Participant or Parent/Guardian (if under 18): _____

Please make check payable to: TSC
All Major Credit Cards Accepted

Check # _____ Cash _____ Received by: _____ Session/Sport/Team: _____ Entered into system: _____