



TEAM ROSTER FOR TEAM SPORTS
TEAMS MUST SUBMIT THIS COMPLETED FORM TO THE FRONT OFFICE
ON THE DATE OF THEIR SECOND GAME
FAILURE TO DO SO MAY RESULT IN FORFEITURE OF MATCH

TEAM NAME: _____	AGE GROUP: _____	DIVISION: <i>(circle one)</i> Girls Boys Men Women Coed
SESSION: <i>(circle one)</i> I II III	COACH/CONTACT NAME: _____	PHONE: _____
ADDRESS: _____	CITY: _____	ZIP: _____ EMAIL: _____

I, the undersigned, acknowledge and agree that attending or participating in sports may be hazardous and may result in injury. I further agree that I assume all risks of injury for myself and anyone who comes with me to the premises incurred or suffered while upon the premises as a result of using the facilities or equipment therein.

I further expressly agree to release The Soccer Stop Sportsplex L.L.C., its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with the Soccer Stop Sportsplex from any and all claims, demands or damages whatsoever, whether developed or underdeveloped, known or unknown, anticipated or unanticipated, have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury and/or loss, theft or destruction of personal property. It is my intention that this release be as broad as Michigan law allows releases of this sort to be. I understand that, without this document, the cost of participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose.

I further agree to save, hold harmless, and indemnify the Soccer Stop Sportsplex, its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with the Soccer Stop Sportsplex, from any and all claims, demands or damages, including cost, interest and attorneys' fees which they may suffer or incur as a result of any claims by me, anyone who comes with me to the premises, or related entities, and/or as a result of any claims, demands or lawsuits arising out of my actions or those of anyone who comes with me to the premises.

I HAVE READ THE FOREGOING RELEASE, I FULLY UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

PLAYER NAME	ADDRESS	CITY/ZIP	PHONE NUMBER	DOB	AGE	PARENT OR PLAYER (OVER 18) SIGNATURE

ROSTER IS DUE BY 2nd GAME. NO ADDITIONAL PLAYERS MAY BE ADDED AFTER 3RD GAME.
TEAMS THAT VIOLATE THIS RULE WILL FORFEIT ALL GAMES INELIGIBLE PLAYER(S) PARTICIPATED IN