



PHIL TAIT
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SOCCER 1 ON 1

Phil Tait Soccer 1 on 1 Waiver Form

Name of Player: _____ Age: _____ Date of Birth: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

This form must be signed and read before the participant takes part in any 1 on 1 training sessions. By signing this form, the participant affirms having read it and acknowledges having had sufficient opportunity to have this agreement reviewed by participant's counsel.

On my own behalf and on the behalf of my heirs, successors and assigns, I hereby forever release and discharge and agree to indemnify and hold Phil Tait Soccer 1 on 1 and their respective affiliates from any and all liabilities, claims, costs, demands or causes of action, whether known or unknown ("claims") that I may now or hereafter have for injuries or damages arising out of my participation in "Phil Tait Soccer 1 on 1" training sessions.

I understand and acknowledge that dangers of personal injury are inherent in participating in soccer training sessions, and I expressly and voluntarily assume all risk of death or personal injury sustained in the training sessions, including but not limited to the risks incurred in all these activities and those arising from hidden, latent or obvious defects in any facilities or equipment used. I acknowledge the possibility that my successors or I may not fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. This release is intended to be binding on my heirs and assigns. I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law on choice of law.

Parent/Guardians signature: _____ Date: ____/____/____

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