Farmer Jim's Sports Complex – Indoor Soccer

OFFICIALS WAIVER AND RELEASE OF LIABILITY

READ BEFORE SIGNING

In consideration to officiating indoor soccer, the undersigned acknowledges, appreciates, and agrees:

1. That when I am engaged as a soccer official at any indoor soccer facility, I am an independent contractor and not an employee, and agree to accept the game fees established by the facility for my services; and

2. I recognize the risk of injury from these activities does exist. I KNOWINGLY AND **FREELY** ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE **NEGLIGENCE** OF THE RELEASEES or others, and assume full responsibility for my participation; and,

3. I willingly agree to comply with the stated and customary terms and conditions for officials. If, however, I observe any unusual significant hazard while performing my duties, I will remove myself from officiating and bring such to the attention of the nearest employee immediately. I certify that I have taken 'Concussion Training' as required by the State of Ohio and will supply Farmer Jim's Sports Complex with a copy of the certificate of Completion; and,

4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the independent facilities their officers, agents, and /or employees, the assignor, other officials, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property. WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE; and,

5. It is my responsibility to report the income generated from the refereeing activity to the tax authorities since the facility is not involved in collecting and keeping track of the fees.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT,

_____ _____

Official's Name (Print) Official's Home Address (City, State, Zip)

_____ _____ _____ _____

Official's Signature Date Signed Phone E-Mail Address

Emergency Contact & Phone Number _____ _(_____)_____

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