OFFICIALS WAIVER AND RELEASE OF LIABILITY

For Assigning

READ BEFORE SIGNING

In consideration to officiating indoor soccer or Futsal, 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 of the facility, 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,
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.
5. It is my responsibility to report the income generated from the refereeing activity to the tax authorities since the assignor is not involved in collecting and keeping track of the fees paid.
6. Payment of an assigning fee does not guarantee assignments to a certain number or level of games. It only ensures that you will be contacted and offered available games, which you are free to accept or decline.

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 (Street, City, State, Zip)		
Official's Signature	Date Signed	Phone Home ( ) Cell ( )	E-Mail Address

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FOR OFFICIALS OF MINORITY AGE (UNDER AGE 18)

This is to certify that I, as a parent/guardian with legal responsibility for this official, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement as an official in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Name of Parent/Guardian (Print)	Parent/Guardian Signature	Date Signed

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In order to be assigned games at the **Farmer Jim's Sports Complex**, please complete the above information and attach payment (cash or check / money order payable to Cathie Licht [new assigner unknown]). Please leave this at the office. Also please ensure that your Certificate for Concussion Training on file at the office is up-to-date (less than 3 years).

Game Assigning Fee for Soccer Officials:			
	( )	**1st Session (Nov-Dec)**	**$ 6.00**
	( )	**2nd Session (Jan-Feb)**	**$ 6.00**
	( )	**3rd Session (Mar-Apr)**	**$ 6.00**
	( )	**Whole Season**	**$15.00**

Date Received: _____ Method of Payment: ( ) Cash ( ) Check # _____ Concussion certificate Rcvd: _____

10/01/20