

OFFICIAL'S WAIVER AND RELEASE OF LIABILITY FOR ASSIGNING

READ BEFORE SIGNING

In consideration to officiating indoor soccer or Futsal at Farmer Jim's Sports, the undersigned acknowledges, appreciates, and agrees:

- 1. That when I am engaged as a soccer official at Farmer Jim's Sports, 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. I understand it is my responsibility to report the income generated from the officiating activity to the tax authorities since the assignor is not involved in collecting and keeping track of the fees paid. I further understand payment of an assigning fee does not guarantee assignments to a certain number or level of games. I acknowledge my payment only ensures that I will be contacted and offered available games, which I am free to accept or decline; and
2. I recognize the risk of injury from these activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE PASSIVE OR ACTIVE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
3. I recognize participation in such events or activities involves the possible exposure to and illness from infectious and/or communicable diseases including, but not limited to, COVID-19, MRSA, influenza, and other infectious or communicable diseases. While adherence to particular rules and requirements may reduce the risk of possible exposure, the risk of serious illness and death remains; and
4. I willingly agree to comply with the stated and customary terms and conditions for participating as an official. If, however, I observe any unusual significant hazard while performing my official's duties, I will remove myself from officiating and bring such to the attention of the nearest facility employee immediately. I certify that I have taken 'Concussion Training' as required by the State of Ohio; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, DISCHARGE, AND HOLD HARMLESS Farmer Jim's Sports, their members, officers, agents, and or employees, other participants, the assignor, other officials, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event and in 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. I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that if any portion of this release is determined to be invalid, it is agreed that the remaining provisions of this release shall continue in full force and effect; and
6. I further agree that I will not sue or make a claim against the Released Parties for damages or other losses sustained as a result of my participation as a soccer official. I also agree to INDEMNIFY AND HOLD THE RELEASED PARTIES HARMLESS from any claims, judgment and cost, including attorney and legal fees, incurred in connection with any action brought as a result of my participation as a soccer official.

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

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

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 Pat Smith). 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).

Table with 4 columns: Game Assigning Fee for Soccer Officials, (), Session (Nov-Dec, Jan-Feb, Mar-Apr, Whole Season), and Amount (\$ 6.00, \$ 6.00, \$ 6.00, \$15.00).

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