

OASA Player Waiver

Oregon Adult Soccer Association

Affiliated with United States Adult Soccer Association (USASA), United States Soccer Federation (USSF), Federation Internationale de Football Association (FIFA)

- I hereby apply to register or re-register as a soccer player with the Oregon Adult Soccer Association (OASA).
- I understand that the OASA-affiliated leagues and tournaments, OASA itself, USASA, USSF, and FIFA all have rules that are applicable to me as a soccer player registered with OASA. I agree to abide by all of these rules.
- I agree that the player pass issued to me by the OASA is the property of the OASA and I will surrender my player pass on demand by the OASA.
- In consideration of being permitted to participate in any way in OASA, USASA, USSF and FIFA sanctioned events, I, for myself, my personal representatives, assigns, heirs and next of kin:
 - Acknowledge, agree and represent that I understand the nature of soccer activities and that I am qualified, in good health and in proper physical condition to participate in soccer activities.
 - Agree that if at any time I believe conditions or equipment to be unsafe, I will immediately discontinue further participation in such activity.
 - Fully understand that (a) soccer activities involve risks and dangers of serious bodily injury, including permanent disability, paralysis and death; (b) these risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the activity, the conditions under which the activity takes place or the negligence of the "Releasees" named below; and (c) there may be other risks and social and economic losses either not known by me or not readily foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs and damages I incur as a result of my participation in soccer activities.
 - Hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or in part, by the negligence of the "Releasees" named below.
 - Hereby release, discharge and covenant not to sue the OASA, USASA, USSF, their member leagues and tournaments, their respective administrators, directors, agents, officers, volunteers and employees, other participants, referees, any sponsors or advertisers and, if applicable, owners and lessors of the premises on which the soccer activities take place (each of the preceding being considered one of the "Releasees") from all liability, claims, demands, losses or damages on my account caused or alleged to have been caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite my agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I will indemnify, save and hold harmless each of the Releasees from any litigation expense, attorney fees, loss, liability, damage or cost which any Releasees may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

(sign on attached player registration form)



Player Registration / Renewal / Replacement Form

Return to: OASA, 1750 SW Skyline Blvd, Suite 121, Portland, OR 97221
Phone: (503) 292-1814 * Fax: (503) 297-4513 * Email: player@oregonadultsoccer.com

****I have read the waiver. By signing and returning this form I agree to it.****

Gender: Female Male *Signature:

Last Name:

First Name:

Month of Birth:

Day of Birth:

Year of Birth:

Address:

City:

State:

Zip Code:

Home Phone:

Work Phone:

Email Address:

Card Type

New \$45

Renew \$45

Replacement \$10

Must Include:

1. \$45.00
2. This form, fully completed
3. Clear photocopy of I.D., including date of birth
4. **Color** photograph of your face

Must Include:

1. \$45.00
2. This form, fully completed

Must Include:

1. \$10.00
2. This form, fully completed

To pay using your credit card (American Express, Visa or MasterCard), please provide the following information:

Name as appears on the card:

Card Number:

Expiration Month:

Expiration Year:

Signature:

FOR OFFICE USE ONLY

Date Received: _____

Expiration Date: _____

Fee: _____

Payment: Check Credit Card Cash

Card Number

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