



NSL PLAYER WAIVER FORM

I, the undersigned, hereby acknowledge and agree to the terms and conditions set forth in this waiver form in consideration of being allowed to participate in the National Soccer League Inc. / USSSA and its associated events, practices, matches, and activities.

Participant Information:

1. **Full Name:**

- First Name:
- Last Name:

2. **Date of Birth:**

- Day:
- Month:
- Year:

3. **Gender:**

- Male
- Female
- Other

4. **Address:**

- Street Address:

- City:
- State:
- Zip Code:

5. **Contact Information:**

- Email:
- Phone Number:

Acknowledgment of Risks:

I am aware that participation in soccer activities involves inherent risks, including but not limited to, the risk of injury, property damage, and the risk of contracting illnesses. I understand that soccer is a physically demanding sport, and I voluntarily accept these risks associated with my participation.

Health and Fitness:

I hereby certify that I am physically fit and have no medical conditions that would prevent my full participation in National Soccer League Inc. / USSSA activities. I agree to inform the league officials of any changes to my health or fitness that may affect my ability to participate safely.

Release and Waiver:

In consideration of being permitted to participate in National Soccer League Inc / USSSA activities, I hereby release, waive, discharge, and covenant not to sue the National Soccer League Inc, / USSSA and its officers, directors, employees, agents, and volunteers from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while participating in such activities.

Photography and Media Release:

I grant permission for the use of my name, likeness, voice, and image in any photographs, videos, or other media taken during National Soccer League Inc. / USSSA events for promotional and media purposes.

Consent for Emergency Medical Treatment:

In the event of injury or illness, I authorize the league officials to obtain necessary medical treatment for me.

Acknowledgment of Understanding:

I have read and understood the terms of this waiver, and I voluntarily agree to its terms.

Participant's Signature:

- Signature:
- Date: