



**PHILADELPHIA
FALCONS**

P.O. BOX 36867

Philadelphia PA 19107

www.falcons-soccer.org

Facebook & Twitter: falconsoccer

Name

Street Address

City, State, ZIP

(____) _____

Telephone Number

E-Mail Address

Emergency Contact (Name, Relationship, Phone Number)

2016 Waiver, Release of Liability and Assumption of Risk

I am voluntarily participating as a member of the Philadelphia Falcons Soccer Club. I acknowledge and fully understand that my participation may involve strenuous activity. I further acknowledge and fully understand that the activities associated with the Club involve risk of injury, including permanent disability and death and severe economic and social losses or damages which could result not only from the player's own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the rules of play, the condition of the premises or facilities or any of the equipment used. I further acknowledge and accept that there may be unknown or unforeseeable risks, and I hereby voluntarily assume all of the foregoing risks, including any injury, permanent disability, or death, arising out of my participation in the Club's activities.

I acknowledge that I have the right and duty to inspect the facilities and equipment to be used in connection with the Club's activities and, if I believe that anything is unsafe or beyond my capability, I will immediately advise an officer of the Club of such condition(s) and refuse to participate in the activities. It is my responsibility to consult with a physician prior to and regarding my participation in any Club activity, and I declare that I am physically fit and have no medical condition that would prevent me from participating in any Club activity.

None of the Club, its respective officers, directors, members, agents, contractors, or representatives (collectively, the "Released Parties") are responsible for any loss of or damage to property, injury, or death suffered or incurred by me or by any person while participating in, observing, or otherwise being involved in the Club's activities, regardless whether caused, in whole or in part, by (1) my own actions, inactions or negligence; (2) the actions, inactions or negligence of others; or (3) the conditions of the facilities or any equipment used. I, on behalf of myself, my heirs, executors, administrators, assigns, and legal representatives, hereby waive, release, acquit, and forever discharge the Released Parties from any and all claims, rights, demands, actions, liabilities, obligations and causes of action of any and all kinds, nature and character whatsoever, known or unknown (the "Released Claims"), arising out of or relating to any Club activity and/or other activities, services or facilities provided by the Released Parties.

"In the event that a Philadelphia Falcons Soccer Club participant, member or non, is involved in a collision to the head resulting in a concussion or experiences symptoms of a suspected concussion, this participant is to be removed from the activity immediately. The participant will not be allowed to return to any Philadelphia Falcons Soccer Club game, training, tournament, or other physical activity with the Club unless a medical professional has cleared the individual for said activities."



Philadelphia's LGBT and Friends Soccer Club

I acknowledge that the Falcons Soccer Club activities may be filmed or videotaped by the Club, third parties, or media sources, including LGBT media sources, for broadcast and publication. Pictures of the players, audience, or individuals in the audience may be included on the film or tape. Your participation or attendance to an event shall be deemed as your consent to have your image or likeness appear in any live or recorded video display or other transmission, reproduction, or publication of these events in whole or in part.

I agree that in the event of any dispute, conflict, action, or interpretation of this Waiver, Release of Liability and Assumption of Risk, the laws of the Commonwealth of Pennsylvania shall govern. By signing below, I acknowledge that I have read this Waiver, Release of Liability, and Assumption of Risk, understand its contents, acknowledge that I am giving up substantial rights, and voluntarily acknowledge, accept and agree to its terms.

Signature

____/____/_____
Date

PRIVACY STATEMENTS (Please select one)

- Falcons may publish my NAME and PHOTO
- Falcons may publish my NAME only
- Falcons may publish my PHOTO only
- Falcons may NOT publish my name or photo

AFFILIATION

_____ I am aware that the Falcons are an LGBT and allies club

VOLUNTEER

_____ I will volunteer at least one (1) hour towards a Falcons event or activity

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PAYMENT INFORMATION

- \$50 USD (annual membership) \$ _____
- \$30 USD (Spring Jan through Jun) \$ _____
- \$30 USD (Fall Jul through Dec) \$ _____
- Donation (tax deductible) \$ _____

TOTAL \$ _____

For Falcons Use: cash amount _____ check number / amount _____ / _____

Collected by: _____