TEAM ROSTER

MSA
MARYLAND
SOCCER ALLIANCE

TEAM NAME: _____

COACH: _____ CLUB: _____

AGE GROUP: _____ DATE: _____

COACH ASSIGNED NUMBER	PLAYER NUMBER	PLAYER NAME	DATE OF BIRTH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
17			
18			
19			
20			
21			
22			

COACH: PLEASE ASSIGN PLAYER NUMBERS (1–22)

1	2	3	4	5	6	7	8	9	10	11
12	13	14	15	16	17	18	19	20	21	22

TEAM WAIVER

RELEASE OF LIABILITY, ASSUMPTION OF RISK & INDEMNIFICATION AGREEMENT

FOR ALL MARYLAND SOCCER ALLIANCE (MSA) AND PLAYER PATHWAY PROGRAM LEAGUES AND TOURNAMENTS

TEAM NAME: _____ **AGE GROUP:** _____

CLUB: _____ **SEASON / EVENT:** _____

IN CONSIDERATION of being permitted to participate in any and all Maryland Soccer Alliance (MSA) and Player Pathway Program Leagues and Tournaments (collectively, "Events"), including all related activities, practices, games, travel, and/or use of facilities, the undersigned Coach/Manager acknowledges, appreciates, and agrees as follows:

1 ASSUMPTION OF RISK

I understand that participation in soccer and related activities involves inherent risks, including but not limited to bodily injury, property damage, serious injury, paralysis, or death. I voluntarily assume all such risks, known and unknown, even if arising from the negligence of the released parties.

2 RELEASE OF LIABILITY

I hereby release, waive, discharge, and covenant not to sue Maryland Soccer Alliance, LLC, its affiliates, including Player Pathway Program, LLC, their owners, directors, officers, employees, volunteers, agents, contractors, sponsors, referees, facility owners, and any other organizations or individuals associated with MSA or the Player Pathway Program (collectively, the "Released Parties") from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, including death, that may be sustained by any player, coach, team official, or spectator associated with the undersigned team while participating in or traveling to/from any Event.

3 INDEMNIFICATION

I agree to indemnify and hold harmless the Released Parties from and against any and all claims, damages, losses, and expenses (including reasonable attorney's fees) arising out of or in any way connected with the acts or omissions of the undersigned team, its players, parents, spectators, or any other persons associated with the team.

4 MEDICAL AUTHORIZATION

I authorize the Released Parties to secure, at my expense, any medical treatment deemed necessary for any player or team official in the event of injury or illness during participation in any Event.

5 PHOTO / VIDEO RELEASE

I hereby grant Maryland Soccer Alliance (MSA) and Player Pathway Program (PPP), and their representatives, the irrevocable right and permission to photograph, video, and/or record the player(s) and team during any Event. I further grant the right to use, reproduce, and publish such photographs, videos, and recordings, individually or in conjunction with other materials, for promotional, advertising, marketing, social media, website, broadcast, and other lawful purposes, without compensation to me or the player(s).

6 ACKNOWLEDGMENT

I have read this Release of Liability, Assumption of Risk & Indemnification Agreement, understand it, and sign it voluntarily. I agree that it shall be governed by the laws of the State of Maryland.

COACH / MANAGER INFORMATION

PRINTED NAME: _____ **TITLE / POSITION:** _____

PHONE: _____ **EMAIL:** _____

SIGNATURE: _____ **DATE:** _____