



SDASA  
PO Box 8143  
Rapid City, SD 57709  
605-399-0928  
William.Cross@sdsmt.edu

### Amateur Player Registration Form

Player's Name  
(First Name, Last Name) \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Phone Number home/cell \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth (Month/date/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_\_

Player's ID Number \_\_\_\_\_

Have you lived outside the United States?

\_\_\_\_\_ Yes \_\_\_\_\_ No

Team Name \_\_\_\_\_

League Name \_\_\_\_\_

Team Representative \_\_\_\_\_

#### Release of Liability

See the accompanying page for the assumption and acknowledgement of risks and release of liability

**\$18.00 Registration Fee must accompany this application if you are not currently registered with SDASA.**

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_

Team Representative \_\_\_\_\_ Date \_\_\_\_\_

Registrar \_\_\_\_\_ Date \_\_\_\_\_

**ASSUMPTION AND ACKNOWLEDGMENT OF RISKS  
AND  
RELEASE OF LIABILITY AGREEMENT**

In consideration of being allowed to participate in any way for the **United States Adult Soccer Association, Inc., Its Affiliates, Leagues, and Member Teams**, its related events and activities, the undersigned, acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program 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; and,
- 2) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3) I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will bring such to the attention of the nearest official immediately; and
- 4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS the **United States Adult Soccer Association, Inc. Its Affiliates, Leagues and Member Teams**, their officers, officials, agents and/or employees, other participants sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH 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, to the fullest extent permitted by law.

**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 ANY INDUCEMENT.**

X \_\_\_\_\_ Age: \_\_ Date Signed: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

**FOR PARENTS/GUARDIANS OF PARTICIPANTS OF MINORITY AGE**  
(UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, 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 or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

X \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE EMERGENCY PHONE #(s)

Date Signed: \_\_\_\_\_