



Puerto Rico Islanders FC
Juan Ramon Loubriel Stadium
1565 Carr. #2, Right Field Bldg.
Bayamon PR 00959
T (917) 676-0855 / F (787) 725-1339

2011 Tryout Waiver and Release from Liability

Name: _____

Home Address: _____

Phone (H): _____ **Cell:** _____

E-Mail: _____

Age: _____ **Date of Birth:** _____

I certify that I desire to tryout as a player for the Puerto Rico Islanders FC professional soccer team, hereinafter "Team" hereinafter referred to as "Tryout."

I agree to the following on behalf of myself, my executors, administrators, heirs, next of kin successors and assigns:

- a) I WAIVE, RELEASE and DISCHARGE from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the "Tryout", the following persons or entities: The United States Soccer Federation (USSF), the NASL, the Team, the Team Owners, Sponsors, Players, Coaches, the Officers, Directors, Employees, Representatives and Agents of any of the above;
- b) I AGREE NOT TO SUE any of the persons or entities mentioned above for any of the claims or liabilities I have waived, released or discharged herein; and
- c) I INDEMNIFY and HOLD HARMLESS the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions; and
- d) I acknowledge that the Puerto Rico Islanders FC carries no insurance for players participating in the Tryout and that I am free to seek individual insurance from an independent agent.

I HEREBY AFFIRM THAT I HAVE READ THIS DOCUMENT AND I UNDERSTAND ITS CONTENT, AND UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Player's Signature: _____ **Date:** _____