



### **ATL Futsal – Guest/Trial Player form**

We are pleased to have you join us for practice/game on this date (\_\_\_\_\_). ATL Futsal welcomes players who are looking to try-out for our teams and/or want to experience a practice session in our program.

In order to ensure your safety and well-being as well as other participants, please read the below and sign to ensure you are aware of what you can expect from a ATL Futsal session but also what our expectations of you are:

#### **What can you expect from us:**

- All sessions are led or overseen by certified Futsal coaches who have completed a background check via USYF (US Youth Futsal)
- Be treated with respect and dignity by our staff and other players. ATL Futsal do not tolerate any discrimination and is committed to ensure players of all backgrounds, races and sexual orientation feel welcome at our programs and events. If you experience any concerns, notify a member of staff immediately in order for us to address this. Players found to violate ATL Futsal code of conduct will be subject to an internal review which can lead to suspension or expulsion from our program if found guilty.
- A safe, clean environment at any of the locations we conduct any event.
- Feedback on your level of play and suggestions for future participation in our program, this can be provided either verbally or written.

#### **What our expectations are from you:**

- Respect the facilities, players and members of staff at ATL Futsal. Failure to do so will result in no further participation with ATL Futsal programs.
- Wearing appropriate attire for practice. This includes shin-guards. If you do NOT wear shin-guards you will be admitted to practice of any other event. Player safety is of paramount importance.
- If you have any questions or concerns during the event, speak with a member of staff so they can assist you. Our job is to ensure your safety and well-being and we want to do everything we can to ensure this.

**Liability Statement:**

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: The Soil Ecology Society, (SES) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

As the parent or guardian of the child I am registering, I understand that the Atlanta Sports Institute (who operates ATL Futsal, Connect Sports & Connect After School), leagues, camps, and programs are physically demanding and I certify that my child is in a condition to participate fully in the program.

I hereby agree to save and hold harmless Atlanta Sports Institute, its staff, including coaches, and each of its officers and directors (the persons and entities releases hereinafter being referred to individually and collectively as "Atlanta Sports Institute") against loss or damage for any injury, illness or other conditions arising from my participation in the leagues, academies or camp programs, and hereby release waive, and forever discharge ATL Futsal from any and all claims which may be made by or on behalf of me relative to my participation in the ATL Futsal leagues, academies or camp programs.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I acknowledge that ATL Futsal and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf. I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers

**Likeness statement:**

By my registration, I understand that the Atlanta Sports Institute (who operates ATL Futsal, Connect Sports & Connect After School), may use the registered student's likeness in photographs and video to be used for publications, promotions and presentations to promote our programs. I understand that there will be no financial remuneration involved and stipulate that the photographic and video reproductions may be used only for Connect purposes.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Player Name:

Player Signature:

(If under 18 years old, Parent or Guardian must also sign.)

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Parent/Guardian/Responsible Adult Name:

Parent/Guardian/Responsible Adult Signature:

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\_\_\_\_\_

Date: