

Soccer *at the DOME*

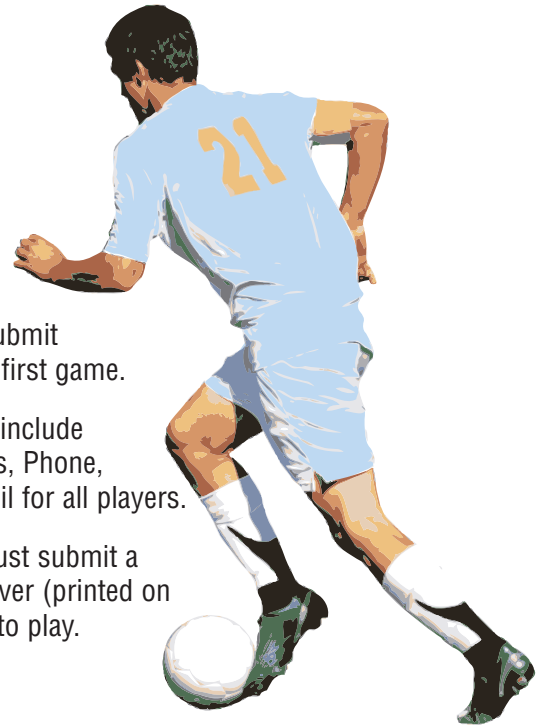
Men's Soccer League Fall 2010



Tuesday

- Games begin October 5
- Ends November 23
- 8 game season
- Play 7 vs 7 (6 + goalie)
- 50 minute game blocks
- \$995 per team
- \$15 ref fee payable prior to each game

www.superdomesports.com



- Teams must submit roster prior to first game.
- Roster should include Name, Address, Phone, Birthdate, Email for all players.
- Each player must submit a completed waiver (printed on reverse) prior to play.

Registration Form

Team Name _____

Coach or Team Contact _____

Address _____

City _____ State _____ Zip _____

Email Address (for scheduling) _____

Telephone : Home _____

Work _____ Cell _____

Credit card orders may be faxed to: 201-689-1880

Mail check payable to "Superdome Sports"

Mail to: Superdome Sports
134 Hopper Ave.
Waldwick, NJ 07463

BILL MY CREDIT CARD:

Amex Discover MasterCard VISA

Signature _____

Card # _____

Exp. Date ____/____ Security Code (on back of card) _____

Billing Address _____

City _____ State _____ Zip _____

Total Fee: \$995 Team

- No one under 18 in Men's leagues. Proof of age must be available upon request of Superdome staff.
- **NO METAL SPIKES**
- *Each player must submit a completed waiver prior to play.*

134 Hopper Ave. • Waldwick, NJ 07463 • 201-444-7660 • Fax: 201-689-1880

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**ADULT WAIVER
("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in the Superdome Sports activity I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of such Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

2. I FULLY UNDERSTAND THAT: (a) **SUCH ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS");** (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or **THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW;** (c) there may be **OTHER RISK AND SOCIAL AND ECONOMIC LOSSES** either not known to me or not readily foreseeable at this time; and **I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation or that of the minor in the Activity as a result of my participation or that of the Minor in the activity; (d) Superdome Sports has the right to use individual or group pictures taken at hosted events for publicity purposes.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Unlimited Sports, LLC dba Superdome Sports, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) **FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE** that if, despite this **RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I,** or anyone on my behalf, makes a claim against any of the Releasees, **I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES** from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

This Agreement will remain in full force and effect at all times.

PLEASE WRITE LEGIBLY!

Printed Name of Participant _____

Address _____ City _____ State _____ Zip _____

Phone _____

Email _____

Participant's Signature: (only if age 18 or older) _____

Date _____