ST.THOMAS SOCCER CLUB

ROSTER and LIABILITY WAIVER

Team: _____

Player Name	Address	Phone Number	Date of Birth	Waiver Signature ***by signing, I acknowledge I have read and agree to the terms of the waiver set out below*

** **I recognize the possibility of physical injury associated with soccer, and hereby release, discharge and otherwise indemnify the St. Thomas Soccer Club, Women's X Pitch, its employees, convenors and agents against any claim by or on behalf of the player named above as a result of the player's participation in the said program. I further release, discharge and otherwise indemnify the St. Thomas Soccer Club, Women's X Pitch, their employees, convenors and agents against any claims brought as a result of said player's misconduct toward another player, official or spectator.**