

RRR SPORTS OFFICIAL WAIVER FORM

SEASON TEAM ROSTER

League:

Team:

Division:

No .	Last Name	First Name	SIGNATURE	Age
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I give my consent and agree to release, indemnify, and hold harmless Triple R Sports, The City, The Adult Soccer League, its staff and directors and all personnel, including officials, representatives, and field owners from any claim arising from any injury. I agree to abide by the league rules and I understand that some officials are still in training and have not yet been certified. Furthermore, I give my consent for emergency medical treatment. I also assume the responsibility for payment of any such treatment.

