ZAMA CUP – OVER 30 / 40 / 48

Team Name: _____ Captain:_____

Player's Name	Jer #	D.O.B.	Age	E-mail	Signature

With my signature here above and in consideration of the forgoing, I, myself, my heirs, executors and administrators, waive and release all rights against the Regents of the University of California, Zama Sports and the Newport Beach Women's Soccer Association and their representatives of any and all claims of damages, demands, actions whatsoever in any manner as a result of my participation in said games, including but not limited to any injuries I might suffer. I acknowledge that I am aware of the inherent risks in participating in an event of this type. I attest and verify that I am physically fit and have sufficient training for the competition and a medical doctor has verified my physical condition. I certify that all of the forgoing information provided is the entire truth.

In the event that the injury sustained as a result of any willful, intentional or reckless violation of such laws or rules, the above signed acknowledges that he or she releases all of the above individuals and or organizations from any and all liability for injuries sustained as described above. By signing this document, the undersigned freely and voluntarily assumes the risks of injury.