Team Tournament and League Waiver

Universal FC | Adult participants age 18 and older

Event or league: _____
Team: _____ Division: _____
Event date or season dates: _____
Venue and address: _____

This agreement applies only to the event or season identified above, including its scheduled games and warmups. Every player must read both pages and personally sign the attached team roster before participating. A captain cannot sign for another adult.

1 Voluntary participation and inherent risks

I choose to participate in soccer and understand its inherent risks, including collisions with players or balls, falls, changes of direction, physical exertion, and ordinary variations in grass or turf. Injuries may include sprains, fractures, concussion, serious disability, or death. Weather and heat or cold can add risk. I knowingly accept the inherent risks of soccer that I understand and appreciate. This acknowledgment does not excuse unsafe conditions or conduct for which the law imposes responsibility.

2 Safety and fitness

I will participate within my abilities, follow event rules and officials' safety instructions, wear required protective equipment, and report hazards or injuries. I will stop if I feel unwell or suspect an injury, including concussion. I will not return after a suspected concussion until evaluated and cleared as required by event policy and applicable law.

3 Limited release and preserved rights

Only to the extent permitted by New York law, I release Universal FC, its directors, officers, employees, volunteers and event officials, and the identified venue's owners and operators, from claims arising solely from the inherent risks I knowingly accept above. This agreement does not release negligence, gross negligence, reckless or intentional misconduct, violations of law, or any claim or right that cannot lawfully be waived. It does not require me to defend or indemnify another party.

4 Emergency assistance

If I cannot communicate, I authorize event personnel to call emergency services and provide my emergency contact details to responders. This does not guarantee medical staff or insurance coverage. Payment for care is governed by applicable law and any available insurance; this form does not change those obligations.

5 Individual acknowledgment

I am at least 18, have read and understand both pages, have had an opportunity to ask questions, and sign voluntarily on page 2. New York law governs. If a provision is unenforceable, the remaining provisions apply only as permitted by law. Each signature applies only to that signer.

Team Player Signatures

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Event or league: _____
Team: _____ Dates: _____

By signing my row, I confirm that I am at least 18 and have read, understand, and voluntarily agree to the terms on page 1. Provide both pages to every signer. Use another copy of this page for additional players.

No.	Player printed name	Player signature	Date
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			

Captain or team manager confirmation

I will submit this roster before play, ensure that each participating adult personally signs, and provide additional signed rows for substitute or added players. My signature does not waive anyone else's rights. I will provide organizers with a separate emergency contact list for participating players, kept confidential and available to responders.

Name: _____ Phone: _____
Email: _____
Signature: _____ Date: _____

Adults only. Do not use this form for players under 18; a separate process and legal review are needed.