

Social Boston Sports, LLC
Player Waiver and Release Form
ALL PLAYERS MUST BE 21+

Team Name: _____ **League:** _____
| Sport | Day of week | Season | Year |
Summer/Fall/Winter/Spring

Release and Indemnity

READ CAREFULLY BEFORE SIGNING

In consideration of my participation in the Event or activity referenced above and any related activities (collectively, the "Event"), and any future events, wherever the Event may occur, I agree to assume the risks incidental to such participation (which risks may include, among other things, muscle injuries and broken bones). I acknowledge that, if present at the Event, I have or will inspect the facilities and equipment to be used in conjunction with the Event and, if I believe any unsafe condition exists, I will immediately advise an Event official of such condition and will refuse participation until such condition is corrected.

On my own behalf, and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of or in any way connected with my participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs, or expenses including, but not limited to, all attorneys' fees and disbursements up to, and including any appeal. I understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me either before, during or after such participation. For the purposes hereof, the "Released Parties" are Social Boston Sports, LLC, cities and departments that allow us the use of their playing fields, facilities rented by Social Boston Sports; and the officers, directors, employees, contractors, agents, representatives, successors, assigns and volunteers of each of the foregoing entities.

I declare that I am physically fit and have the skill level required to participate in the Event and/or any such activities. I further authorize medical treatment for myself and/or my child or ward, at my cost, if the need arises. I also understand that I may be required to leave the Event venue should I exhibit undesirable conduct.

I further grant the Released Parties the right to photograph and/or videotape me and further to display, use and/or otherwise exploit my name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings. The Released Parties are, however, under no obligation to exercise any rights granted herein.

This Waiver and Permission Form shall be governed by the laws of the State of Massachusetts, and any legal action relating to or arising out of this Waiver and Permission Form shall be commenced exclusively in the Trial Court Department of the Suffolk County, Massachusetts.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER, THAT THE INFORMATION SET FORTH BELOW PERTAINING TO MYSELF IS TRUE AND COMPLETE, AND THAT I HAVE READ AND UNDERSTAND THE TERMS OF THIS PLAYER WAIVER AND RELEASE FORM BEFORE SIGNING IT.

ICE = In Case of Emergency (use phone #) . DOB= Date Of Birth

Please fill in the following information completely:

1. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

2. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

3. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

4. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

5. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

6. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

7. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

8. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

9. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

10. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

11. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

12. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

13. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

14. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

15. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

16. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

17. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

18. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

19. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____

20. Name: _____ DOB: _____ Today's Date: _____

Signature: _____ ICE contact #: _____