

Attach
Coach
Photo
here.



OXNARD COUNTY SOCCER LEAGUE
DECLARATION OF VOLUNTEER COACH
VOLUNTARY PARTICIPATION AND RELEASE OF LIABILITY

Coaches Name: _____ Age: _____
Last First Middle Initial

Address: _____

City: _____ State: California Zip: _____

Home Phone :(____) _____ Work Phone :(____) _____ Cell Phone :(____) _____

Team: _____ Division: U- _____

1. I have volunteered to participate in **OXNARD COUNTY SOCCER LEAGUE**.
2. By this declaration, I acknowledge that my participation in the Activity is entirely voluntary.
3. I understand that my participation in the Activity is not intended to nor does it create any special relationship between the **OXNARD COUNTY SOCCER LEAGUE** and me to participate in the Activity.
4. I acknowledge that the **OXNARD COUNTY SOCCER LEAGUE** does not have any liability for payment of workers' compensation benefits to me for any injury, damage or death which may arise out of my participation in the Activity.
5. I have been advised that the **OXNARD COUNTY SOCCER LEAGUE** denies liability for payment of workers' compensation benefits for any injury which may arise out of my participation in the Activity.
6. Further, I understand that my participation in the Activity may involve risk of harm. With knowledge of the risks involved, I voluntarily consent to participate in the Activity and agree to assume any and all risks of injury, damage or death from my participation.
7. I hereby agree that I, my heirs, distributees, guardians, legal representatives and assignees shall not make a claim against, sue, attach the property of, **OXNARD COUNTY SOCCER LEAGUE** and each member thereof, or the agents, servants, employees, or representatives, for injury, damage, or death resulting from a dangerous condition of **OXNARD COUNTY SOCCER LEAGUE** property, equipment, or facilities, or from the negligence or other acts of any agent, servant, employee, or representative of the **OXNARD COUNTY SOCCER LEAGUE** or any third person during my participation in the Activity.
8. I hereby release and discharge the **OXNARD COUNTY SOCCER LEAGUE**, each member thereof, its agents, servants, employees, or representatives from all actions, claims, or demands that I, my heirs, distributees, guardians, legal representatives or assignees now have or may hereafter have for injury, damage or death resulting from my participation in the Activity.
9. I HAVE CAREFULLY READ THIS DECLARATION OF VOLUNTARY PARTICIPATION AND RELEASE OF LIABILITY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT BY SIGNING THIS RELEASE OF LIABILITY, I WILL BE GIVING UP MY RIGHTS TO MAKE A CLAIM AGAINST OR SUE THE **OXNARD COUNTY SOCCER LEAGUE**, AGENTS, SERVANTS, EMPLOYEES, OR REPRESENTATIVES, FOR ANY INJURY, DAMAGE OR DEATH THAT I MAY SUSTAIN DURING MY PARTICIPATION IN THE ACTIVITY. WITH THIS IN MIND AND WITHOUT ANY MENTAL RESERVATION, I SIGN THIS RELEASE OF LIABILITY VOLUNTARILY AND WITHOUT ANY THREAT OR COERCION FROM THE **OXNARD COUNTY SOCCER LEAGUE**, AGENTS, SERVANTS, EMPLOYEES, OR REPRESENTATIVES.

Adult's Signature Date