BROCKWAY TOWNSHIP

PARKS & RECREATION DEPARTMENT

SOCCER REFEREE VOLUNTEER REGISTRATION & LIABILITY WAIVER

REFEREE INFORMATION

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Email Address: _____

Date of Birth: _____

Allergies: _____

Other Medical/Safety Information We Should Be Aware Of:

_____

_____

EMERGENCY CONTACT

Name: _____

Relationship to Referee: _____

Phone Number: _____

Alternate Phone Number: _____

VOLUNTEER REFEREE AGREEMENT, ASSUMPTION OF RISK & WAIVER OF LIABILITY

I understand that I am volunteering my time and services as a referee for the **Brockway Township Soccer Program**, operated through the **Brockway Township Parks and Recreation Department**.

I understand that participating as a soccer referee involves inherent risks and hazards, including, but not limited to, slips, trips, falls, collisions with players or other individuals,

being struck by a ball or other equipment, contact-related injuries, muscle strains, sprains, fractures, head injuries, and other bodily injuries. I understand that injuries may occur even when reasonable precautions and safety procedures are followed.

ASSUMPTION OF RISK

I knowingly and voluntarily assume all risks associated with serving as a volunteer referee for the Brockway Township Soccer Program. I represent that I am physically capable of performing my volunteer duties and understand that I am responsible for exercising reasonable care for my own safety.

RELEASE AND WAIVER OF LIABILITY

To the fullest extent permitted by law, I, on behalf of myself and my heirs, personal representatives, successors, and assigns, hereby **release, waive, discharge, and agree not to sue Brockway Township, the Brockway Township Parks and Recreation Department, the Brockway Township Soccer Program, and their respective officers, officials, employees, agents, volunteers, coaches, referees, and representatives** (collectively, the "Released Parties") for any and all claims, demands, causes of action, damages, losses, costs, or expenses arising out of or related to my participation as a volunteer referee.

This waiver includes claims for **personal injury, bodily injury, illness, property damage, or death** arising from or connected with my participation in the soccer program, **including claims based upon the ordinary negligence of any of the Released Parties, to the fullest extent such a waiver is permitted by applicable law.**

I expressly understand that by signing this form, I am **waiving and giving up my right to bring a lawsuit or other legal claim against Brockway Township, the Brockway Township Parks and Recreation Department, or the Township's Soccer Program, and the other Released Parties for injuries or damages arising from my participation as a volunteer referee, to the fullest extent permitted by law.**

This waiver does not apply to claims that cannot legally be waived under applicable law.

VOLUNTARY PARTICIPATION

I understand that my participation as a volunteer referee is voluntary. I have had the opportunity to ask questions regarding my responsibilities and the risks associated with refereeing. I have carefully read this document, understand its contents, and sign it voluntarily.

I understand that this agreement is intended to be a legally binding release and waiver to the fullest extent permitted by law.

REFEREE ACKNOWLEDGMENT

By signing below, I acknowledge that:

- I have read and understand this entire form.
- I understand that refereeing carries a risk of injury.
- I voluntarily assume those risks.
- I understand that I am waiving and releasing claims against Brockway Township, the Parks and Recreation Department, and the Township's Soccer Program, to the fullest extent permitted by law.
- I understand that I am giving up my ability to sue the Released Parties for claims covered by this waiver, to the fullest extent permitted by law.

Referee Printed Name: _____

Referee Signature: _____

Date: _____

PARENT/GUARDIAN ACKNOWLEDGMENT

Required if Referee is Under 18

I am the parent or legal guardian of the minor named above. I have read and understand this Volunteer Referee Agreement, Assumption of Risk & Waiver of Liability.

I give permission for my minor child to participate as a volunteer referee in the Brockway Township Soccer Program. I understand and acknowledge the risks associated with refereeing and agree, to the fullest extent permitted by law, to the terms of this agreement on behalf of myself and my child.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____

Relationship to Referee: _____

FOR BROCKWAY TOWNSHIP USE ONLY

Date Received: _____

Approved By: _____

Notes: _____