

SOFF CRICKET FACILITY

LIABILITY WAIVER

This waiver applies to all events / practices / gym / tournaments / matches held at the SOFF Indoor Cricket Facility (here in after called 'the SOFF'), at any branch of the SOFF or organized by the SOFF but held at at any other place.

In consideration of being allowed to participate, the undersigned hereby,

- Agrees that prior to participating, if present, I will inspect the facilities and equipment. If I believe anything to be unsafe, I will immediately advise the management of the SOFF.
- Acknowledges and fully understand that I am voluntarily participating in activities that involve known and unknown risks of injury, including catastrophic injury, permanent disability and / or death, which might result not only from my own actions, inactions, or negligence, but the actions, inactions, or negligence of others, including but not limited to the SOFF, the rules of play, the conditions of the premises, or any of the equipment used.
- Assumes all the foregoing risks as a condition of participation and accepts personal responsibility for the damages following any such injury.
- Unconditionally releases, waives, indemnifies and holds harmless and consents not to sue the officers, directors, administrators, agents, coaches, other employees, volunteers, sponsoring agencies, sponsors, and advertisers of the SOFF.
- Accepts responsibility for all medical expenses incurred whether or not covered by insurance. In case of emergency, accident or illness authorizes ambulance transport to the hospital. Authorizes physicians, athletic trainers, technicians, first-aid personnel, nurses and dentists to perform any diagnostic, treatment or operative procedures and x-rays. No guarantee has been given as to the results of examination or treatment. Accepts total responsibility for any and all medical costs.
- Accepts responsibility for the decision to continue participation if suffering from injuries.

I have read and agree to the terms of liability waiver of the SOFF.

Participant name:

Participant date of birth: (DD / MM / YYYY):/...../.....

Parent / Guardian Name (if under the age of 18 years):

.....
Participant / Parent / Guardian Signature

...../...../.....
Date (DD / MM / YYYY)