



NEOASA  
 PO Box 470472  
 Tulsa, Oklahoma 74147-0472  
 Phone: 918.622.8948 Fax: 918.622.0338

## PLAYER RELEASE OF LIABILITY FORM

**TEAM NAME:** \_\_\_\_\_ **SEASON:** \_\_\_\_\_ **DIV.:** \_\_\_\_\_

Each of the undersigned players hereby requests to be allowed to participate as a soccer player with the above Team in soccer played under the jurisdiction of the Northeast Oklahoma Adult Soccer Association ("NEOASA"). As a condition and in consideration for being allowed to participate, each player hereby does acquit, release and discharge NEOASA, ITS AFFILIATES, MEMBERS, DIRECTORS, OFFICERS, TEAM REPRESENTATIVES, COACHES, SPONSORS, REFEREES, AND THE CITIES, TOWNS, COUNTIES AND PRIVATE PARTIES WHICH OWN AND/OR OPERATE THE PROPERTIES AND FACILITIES AT WHICH SOCCER WILL BE PLAYED (herein called "RELEASEES") of any and all liability for death, injury or any damages which may occur as a result of or during his/her participation in such soccer, including any liability alleged to arise from negligence of Releasee's or any of them. Each player further acknowledges that an element of risk is associated with the playing of soccer and that he/she specifically assumes such risk. Each player certifies that the information shown on the roster is correct.

**(A) Please Print Name Here (Last Name, First Name)**

**(B) Please Sign Name Here (Normal Signature)**

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