



Lehigh Valley SportsFest, Inc.
1002 Tilghman Street, Allentown, PA 18102 - Phone (610) 439-8978 - Fax 610-439-8477
July 16,17,18,19 - 2009
www.sportsfest.org

SOCCKER ENTRY FORM

TEAM NAME: _____ DIVISION _____

NAME OF CAPTAIN: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP: _____

PHONE _____ FAX: _____

E-MAIL: _____ Date: _____

WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the LEHIGH VALLEY SPORTSFEST, INC., LEHIGH COUNTY & CITY OF ALLENTOWN, PA, program, related events and activities, the undersigned, acknowledges, appreciates, and agrees that: The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and, 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and, 3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and, 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the CITY OF ALLENTOWN, PA, LEHIGH COUNTY & LEHIGH VALLEY SPORTSFEST, INC., their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. 5. I, the undersigned declare on my honor that I am an amateur and agree to follow the rules of the City of Allentown, PA, Lehigh Valley SportsFest, Inc. & Lehigh County, obey my coach(es)/team leader(s), tournament officials, and directors. I am in good physical condition and have no disease or injury that would impair my doing my best in competition. 6. I hereby authorize my first aid, medication, medical treatment, or surgery deemed necessary in case of an emergency. I also authorize the attending medical personnel to execute on my behalf any permission forms and other appropriate medical documents and act on my behalf if I am not immediately available to do so. 7. I hereby consent to allow my picture or likeness to appear in any official document, sponsor advertisement, and/or exclusive television coverage of the Lehigh Valley SportsFest, Inc., Lehigh County & the City of Allentown, PA in any manner incidental to my participation in the Lehigh Valley SportsFest, Inc., Lehigh County & City of Allentown, PA without compensation to me. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT. FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION). This is to certify, that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the Releasees from any and all liabilities incident to my minor child's involvement or participation in the LEHIGH VALLEY SPORTSFEST, INC., LEHIGH COUNTY & CITY OF ALLENTOWN, PA, EVEN IF ARISING FROM THEIR NEGLIGENCE.

PARTICIPANT SIGNATURE ON PAGE 2

A player whose signature does not appear on the roster page (page 2) is not eligible to play for this team. Should such a player participate in a game, that match may be forfeited and the player ejected from the tournament.

Signature of Captain/ Coach (listed above.): _____

AMOUNT ENCLOSED: \$ _____ (NON-REFUNDABLE)

Make checks payable to Lehigh Valley SportsFest, Inc.

MAIL ENTRIES TO: 1002 Tilghman Street, Allentown, PA 18102

Complete the Team Roster on page 2

Page 1 of 2

Please complete and return both pages.

TEAM NAME: _____ NAME OF CAPTAIN/COACH: _____
TEAM ROSTER (Continued from page 1. Signatures below indicate acceptance of the **WAIVER AND RELEASE OF LIABILITY** on page 1):

NO	NAME OF PLAYER (please Print)	PLAYER SIGNATURE	AGE	JERSEY #
1				
2				
3				
4				
5				
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12				
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14				
15				
16				
17				
18				
19				
20				
21				
22				

CHECK DIVISION: OPEN OVER-35 OVER-45 WOMEN'S OPEN COED OPEN

Preferred Starting Time: 9:00am 10:00am

FOR OFFICE USE ONLY

Form Received by _____ Date _____ Time _____