|  |  |
| --- | --- |
| TEAM NAME |  |
| FIRST NAME |  | LAST NAME |  |
| ADDRESS |  |
| CITY |  | STATE |  | ZIP |  |
| HOME PHONE |  | CELL PHONE |  |
| E-MAIL |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AGE |  | DATE OF BIRTH | MONTH |  | DAY |  | YEAR |  |
| VALID PICTURE TYPE OF I.D. (CHECK ONE) | CA. DRIVERS LICENSE I.D. CARD MATRICULAR CONSULAR PASSPORT MILITARY OTHER TYPE: |
| VALID PICTURE I.D.# |  |

**RELEASE OF LIABILITY:** I AGREE TO HOLD THE COUNTY OF SONOMA AND THE SONOMA COUNTY SENIOR SOCCER LEAGUE, IT’S BOARD OF DIRECTORS AND MEMBERS FREE AND HARMLESS FROM ANY AND ALL LIABILITY ARISING FROM ANY INJURY OR HARM THAT I MAY INCUR WHILE PARTICIPATING IN ANY SONOMA COUNTY SENIOR SOCCER LEAGUE ACTIVITY. I UNDERSTAND THAT ANY LIABILITY, INCLUDING EXPENSES ARISING FROM INJURIES, WILL BE BORNE BY ME OR THROUGH MY OWN TEAM OR PERSONAL INSURANCE. I FURTHER AGREE TO DEFEND AND INDEMNIFY THE SONOMA COUNTY SENIOR SOCCER LEAGUE FROM ANY CLAIMS BROUGHT AGAINST MY TEAM OR INDIVIDUAL TEAM MEMBERS FOR CONDUCT DURING ANY SONOMA COUNTY SENIOR SOCCER LEAGUE ACTIVITY.

SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_