



Voluntary Waiver of Liability and Hold Harmless Agreement

In consideration of membership and the opportunity to officiate soccer matches, I enter into this Voluntary Waiver of Liability and Hold Harmless Agreement ("Agreement") and RELEASE, WAIVE, HOLD HARMLESS, and COVENANT NOT TO SUE the National Intercollegiate Soccer Officials Association, its officers, directors, members, agents, and representatives (collectively "NISOA") from any and all liability, claims, demands, actions, and causes of action whatsoever, whether based on statutory or common law, arising out of or related to any loss, damage, personal or bodily injury, or death that may be sustained by me while participating in the Physical Performance Test ("PPT") or while on the premises where the PPT is being conducted. I further voluntarily agree to hold harmless NISOA from any liability, claims, demands, actions, causes of action, loss, damage, personal or bodily injury, or death, including attorney fees, expert fees, and court costs.

I am physically fit, can fully participate in the PPT, and am completely able to officiate any soccer matches that are assigned to me. I acknowledge that the PPT may be hazardous to me. I voluntarily elect and choose to participate in the PPT and to enter the testing premises knowing that certain risk of harm is, or may be, inherent in the activities associated with the PPT. I voluntarily assume full responsibility for any risk of loss, damage, personal or bodily injury, or death that may be sustained by me. The statement checked below best applies to me,

_____ I was examined by _____ on _____ and am cleared to participate.

_____ I understand that NISOA strongly recommends that I undergo an examination by a medical professional prior to participating in the PPT. I did not complete the medical examination but affirmatively declare that I am able to safely participate.

I understand that NISOA will not be responsible for any costs of medical services or treatment. I understand that I am urged by NISOA to obtain adequate health and accident insurance to cover any injuries or illnesses which I might sustain during or after the PPT or while traveling to or from the premises where the PPT is being conducted.

In signing this Agreement, I acknowledge, represent, and agree that I have read every word of it, that I understand it, and that I sign it voluntarily and of my own free will without duress. I acknowledge, represent, and agree that no oral representations, statements, or inducements exist or have been made outside of its terms. I represent that I am at least 18 years old and am of sound and competent mind and judgment and am not under the influence of any substance that impair my decisions in any way. I am executing this Agreement for full, adequate, and complete consideration and fully intend to be bound by it.

Date

Printed Name

Signature