## NEW JERSEY STATE REFEREE COMMITTEE

RELEASE, WAIVER AND HOLD HARMLESS

PLEASE READ CAREFULLY BEFORE SIGNING

The referee candidate below wishes to participate in the US Soccer Referee In-Person class and Referee Field Clinic (the "scheduled activity" which includes such programs on one or more dates) organized by the New Jersey State Referee Committee Inc. ("NJSRC").

I acknowledge that there are certain dangers inherent in any activity of this type, and that it is possible that accident, property loss, or personal injury could occur while one is participating in such an activity.

In consideration of the opportunity to voluntarily participate in the scheduled activity, I, acting on behalf of myself, my heirs, successors and assigns, hereby expressly release, waive, hold harmless, defend, indemnify, agree not to sue and discharge US Soccer Federation, Inc. and USSF NEW JEERSEY STATE REFEREE COMITTEE INC., their owners, directors, officers, employees, agents, instructors, subsidiary corporations, independent contractors, insurers and consultants (collectively classed the "Released Parties") from any liability whatsoever for any claims or causes of action (whether for civil liability or workers compensation) I may now or in the future have for damages for personal or bodily injury, including death, and/or loss or damage to property belonging to me or others, arising out of or in any way connected with my involvement in the scheduled activity. This release includes a release from any claims for injury or damage which occurs during transportation to and from the location of the scheduled activity, and I acknowledge that such transportation is solely my responsibility to arrange or obtain. If this document is signed by a parent or legal guardian on behalf of a Minor, such person agrees to hold the Released Parties harmless for any such liability and damages. All obligations to hold harmless the Released Parties includes their reasonable attorneys' fees and costs.

I have full knowledge of the risks involved in the scheduled activity and verify that I am (or the Minor, on whose behalf I am signing this document, is) physically fit and sufficiently able to participate in this activity.

I acknowledge that I am 18 years of age or older, or I am the parent or legal guardian of the named referee. The signature(s) below indicate acknowledgement and agreement with the foregoing.

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| _____ | _____ |
| PRINT REFEREE NAME | STREET ADDRESS |
| _____ | _____ |
| SIGNATURE OF REFEREE | CITY, STATE, ZIP CODE |
| _____ | _____ |
| PARENT/GUARDIAN SIGNATURE (IF A MINOR) | DATE |
| _____ | _____ |
| PRINT PARENT/GUARDIAN NAME | ADDRESS IF DIFFERENT FROM ABOVE |