

SAN LUIS OBISPO WOMEN'S SOCCER (S.L.O.W.S.) ADD SLIP/WAIVER



FALL 2019 SEASON

BY SIGNING MY NAME BELOW, I HEREBY CERTIFY THAT I HAVE READ AND ACCEPT THE CONDITIONS OF THE ROSTER/WAIVER AGREEMENT.

I have elected to participate in Women's soccer. I acknowledge that participation in the sport of soccer, as in any sport, may result in injury and, therefore, I release San Luis Obispo Women's Soccer (S.L.O.W.S.), and any city in which I participate in a game sanctioned by S.L.O.W.S., or any affiliate association involved in S.L.O.W.S. activities, from all liability or responsibility for any claim, damage or legal action on behalf of myself or my heirs or personal representatives, arising from any injury I may sustain while participating in this league. I further understand I am not eligible to participate while pregnant.

TEAM NAME: _____

ADDS

	Name	Signature	D.O.B.	Phone	Email
1					
2					
3					

DROPS

1. **NAME:** _____

2. **NAME:** _____