

**International Sports Centre**  
**Release and Indemnity Agreement**  
Please read carefully, complete both sides of form, and sign

TEAM COACH/REP: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

IN CONSIDERATION OF (player/participant name): \_\_\_\_\_  
being allowed access to the facilities of ISC of Cherry Hill LLC, and/or International Sports Centre, it is understood and agreed:

1. ACKNOWLEDGE, agree and state that I understand that nature of ISC of Cherry Hill LLC, and/or International Sports Centre activities and that I am qualified, in good health, and in proper condition to participate in such activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the activity.
2. Soccer, lacrosse, field hockey, volleyball, basketball, roller hockey, deck hockey, baseball, flag football, futsal and all other sports conducted by ISC of Cherry Hill, LLC, and/or International Sports Centre, are games involving physical exertion, speed, and physical contact and that participation in these sports potentially could result in serious injury or death arising out of field/surface conditions, player conduct, referee conduct, equipment, and other factors, including random chance. I and / or my minor child are fully aware of these risks.
3. ISC of Cherry Hill LLC, and/or International Sports Centre, it's owners, operators, employees, and agents are hereby released from any and all claims for injuries or damages which may occur while player is on the premises of ISC of Cherry Hill LLC, and/or International Sports Centre, or engaged in any activity in connection therewith, whether such injuries or damages are foreseen or unforeseen. It is further understood and agreed that the undersigned agrees to defend, hold harmless, and indemnify ISC of Cherry Hill LLC, and/or International Sports Centre, from any claim by player, the undersigned, player's family, estate, heirs, or assigns.
4. I also represent and warrant that I carry my own health and liability insurance coverage in amounts sufficient to provide adequate compensation for any losses or expenses incurred due to injury while I am (or my minor child is) a participant at the ISC of Cherry Hill LLC, and/or International Sports Centre.
5. I am fully aware of the rules and regulations of ISC of Cherry Hill LLC, and/or International Sports Centre, and agree to be bound thereby.
6. I further state that I am of lawful age and legally competent to sign this affirmation, release, hold harmless, and indemnity agreement; that I understand the terms herein are contractual and not a mere recital; and that I have signed this document after reading it and as my own free act.
7. This Release and Indemnity Agreement shall be effective from today, the day it is signed; dated this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_ through one full year after signing.

**PLAYER / PARENT OR GUARDIAN IF A MINOR**

\_\_\_\_\_  
Players Name (Please Print)

\_\_\_\_\_  
Players Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Parents Signature (if minor)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Cell Phone

ATTENTION YOUTH SOCCER PLAYERS: To be eligible to play, players must have a current NJSYSA player pass or a NYSYSA indoor pass. There will be no exception. The coach is responsible to see that each player on his or her roster / team complies with these requirements. Any coach who violates this rule will be prohibited from International Sports Centre and / or Soccer International with his or her team forfeiting all games!!

**ISC of Cherry Hill LLC, and/or International Sports Centre, Emergency Information**

Player: \_\_\_\_\_  
Last Name First Name

Telephone: \_\_\_\_\_  
Home Cell

Coach / Rep: \_\_\_\_\_

Team Name: \_\_\_\_\_

Parents / Guardians: \_\_\_\_\_

Address: \_\_\_\_\_  
Street  
\_\_\_\_\_  
City State Zip

Parent/Guardian Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian Employment: \_\_\_\_\_ Phone: \_\_\_\_\_

In case my child becomes ill or injured at ISC of Cherry Hill LLC, and/or International Sports Centre and I cannot be contacted, please call:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I authorize my child's coach / rep to obtain emergency medical treatment for my child in my absence.

Please list any medical problems, including allergies: \_\_\_\_\_

Any Physical Limitations? NO \_\_\_\_\_ YES \_\_\_\_\_ (please explain above)

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Parents must assume responsibility for transportation to home or hospital. In case of EXTREME emergency, I wish my child to be taken to \_\_\_\_\_ Hospital. I have read and reviewed the ISC of Cherry Hill LLC, and/or International Sports Centre, rules and regulations with my child.

Parent / Guardian Signature: \_\_\_\_\_

Player's Birthdate: \_\_\_\_\_