

CASL Waiver

Please print clearly:

Team Name: _____

Player's Name: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Email Address: _____

Birth Date: _____ Age: _____

I hereby give my consent and agree to release, indemnify and hold harmless, City of Claremont, City of Upland, City of Pomona, City of La Verne, City of San Dimas, Claremont School District, Upland School District, Pomona School District, La Verne School District, San Dimas School District, Claremont Adult Soccer League (CASL), its officials, referees, managers and representatives from claims arising out of injury. I also hold harmless their officials, referees, managers and representatives from any claim arising out of injuries or conditions caused by or aggravated by my refusal to obtain available medical treatment based on my religious or philosophical beliefs.

I also understand that CASL does not offer or provide insurance of any kind.

Any person possessing any can, bottle, or other receptacle containing any alcoholic beverage that has been opened, or a seal broken, or the contents of which have been partially removed, in any city, county, or city and county owned park or other city, county, or city and county owned public place, or any recreation and park district, or any regional park or open-space district shall be guilty of an 'infraction' if the city, county, or city and county has enacted an ordinance that prohibits the possession of those containers in those areas or the consumption of alcoholic beverages in those areas. **Fines can be up to \$1,000 (California Code).**

Furthermore any team that has any currently registered player found with any can, bottle, or other receptacle containing any alcoholic beverage that has been opened, or a seal broken, or the contents of which have been partially removed, in any of the CASL operated fields (Griffith/Lewis/Louis Pompeii Park) will be immediately **banned for life**.

The release of indemnity shall be binding upon myself for as long as I am a member of the CASL organization.

SIGNATURE: _____ **Date:** _____