

WAIVER OF LIABILITY

I understand that participating in the physical fitness testing required to achieve and maintain my referee grade involves strenuous physical activity on my part. I recognize that testing may involve potential danger with regard to the physical exertion required. My participation in the testing is based entirely on the benefit I obtain from achieving and maintaining my referee grade, of which the testing is a required part. The United States Soccer Federation (USSF), its designated agent the DCV State Referee Program (DCV), and their officers, employees, and representatives are not responsible for my participation.

In consideration of being allowed to participate in such a physical fitness testing, I waive all claims arising out of this testing against USSF, DCV, and any of their officers, employees, and representatives. I further agree to fully indemnify and hold harmless USSF, DCV, and their officers, employees, and representatives, from any claims by me, my heirs, assignees, and representatives arising from my participation in this testing.

I have read this entire waiver of liability and accept its terms.

Signature of Referee _____ Date _____

Printed Name of Referee _____

Signature of Parent/Guardian _____ Date _____
(if referee is under 18 years of age)

EMERGENCY CONTACT INFORMATION



Name: _____

Relation to Referee: _____

	(AREA CODE)	PHONE NUMBER
HOME PHONE:		
WORK PHONE:		
CELL PHONE:		