

TASL OFFICIAL WAIVER FORM

SEASON TEAM ROSTER

Team:

Division:

No .	Last Name	First Name	SIGNATURE	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				
16.				

I give my consent and agree to release, indemnify, and hold harmless Triple R Sports, The City of Temecula, Temecula Adult Soccer League, its staff and directors and all personnel, including officials, representatives, and field owners from any claim arising from any injury. I agree to abide by the league rules and I understand that some officials are still in training and have not yet been certified. Furthermore, I give my consent for emergency medical treatment. I also assume the responsibility for payment of any such treatment.