



**West Indian Caribbean Culture & Sports (WICCS)**  
**Player Contract and Accident**  
**Release / Financial Responsibility Clause Waiver**  
**WICCS 7v7 Soccer League**

**Player's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the above-named Player and/or Parent/Guardian, hereby agree to play the above designated sport during the **WICCS Season** for my designated Team or Teams in the WICCS 7v7 Soccer Program designated above, in accordance with the Rules and Regulations of WICCS, unless released or waived in accordance with those Rules & Regulations. I certify that I am not to receive any compensation, direct or indirect, for playing the above designated sport with any WICCS Team. In consideration of acceptance of this Player Contract and permission to play the above designated sport during this current year, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights & claims for damages I may have against WICCS, WICCS staff, the City of Palm Bay, my Team, all City of Palm Bay Playing Field Hosts, and all their members and member associations for any and all injuries suffered by me in games and practices for the stated WICCS 7v7 Soccer League with which this Player Contract is signed by me. I am aware I must have my own Insurance Coverage and that my Team must also carry Insurance for Spectator Liability & Personal Injury to be eligible to participate & play in any manner in this Sports League. I assume all risks and hazards incidental to the conduct of the activity of the above designated sport, and do hereby waive, release, absolve, indemnify, and agree to hold harmless WICCS, WICCS staff, the City of Palm Bay, my stated Team, all City of Palm Bay sanctioning organizations, members & member associations, and any host field agency for any injury to me as a registrant of the WICCS 6v6 Soccer Leagues. I am also aware that WICCS nor the City of Palm Bay do not provide insurance for any claim against the above stated groups. I grant permission to any and all WICCS representatives, host field agencies & my Team members to authorize and obtain medical care from any licensed Emergency Team, Physician, or Hospital/Medical Clinic should I become ill or injured while participating in the WICCS 7v7 Soccer Leagues. I agree to pay for any and all damages done by me, the registrant, with the exception of normal use to buildings, equipment, supplies, and/or other property under the authority of the City of Palm Bay host field agency. I understand and will abide by the Rules & Policies prescribed by WICCS 7v7 Soccer Leagues; Host field agencies, and sanctioning organizations governing the Sports Leagues and its Facilities. I agree to abide by any and all disciplinary actions upon any infraction of these Rules & Regulations.

\_\_\_\_\_  
**Player's Signature**