

Field Use Request Form



Deliver to board member or email to grahamsoccerassociation@gmail.com

Request Information

Name _____

Organization _____

Phone _(_____)_____ - _____ Email _____

Event Date(s) _____ Event Time(s) _____

Event Description (include as many details as possible) _____

Specify Field(s) Needed _____

Age(s) of Event Participants (CHILDREN) (YOUTH) (ADULT)

Anticipated Participant Count _____ Is there a participant fee? (NO) (YES) Amount \$ _____

Anticipated Team Count _____ Is there a team fee? (NO) (YES) Amount \$ _____

Will there be prize money? (NO) (YES) Amount \$ _____ per (PARTICIPANT) (TEAM)

Will there be spectators (YES) (NO) Is there a spectator fee? (NO) (YES) Amount _____

List anyone be paid or specifics of money to be exchanged that is not listed above? _____

Total anticipated income from event \$ _____

Circle all that apply

Referees needed (YES) (NO) Specify _____

Field Set Up: (GOALS) (CORNER FLAGS) (CHALK) (OTHER) _____

Restroom Access (YES) (NO) Concession Stand Access (YES) (NO)

Specific Utility Needs _____

Other info/comments/notes : _____

GSA Field Use Agreement & Guidelines

User acknowledges and agrees to the following:

Comply with and enforce complex rules at all times

- No alcohol
- No fighting or cursing or un-sporting behavior
- No glass containers
- No pets
- No littering
- No smoking
- No motorized vehicles

Trash/Clean Up

- Rolling trash bins should be placed as needed by the User before the event begins
- All trash should be placed in the bins by the User and their guests
- Rolling trash bins should be placed in the parking lot by the main entry for pick up following the event by the User on the day of the event.

Participant Releases

- All participants and officials complete a release
- All releases must be complete prior to the event
- User will provide a copy of all releases to GSA on the day of the event
- The release can be found on page 4 of this document

Fee for Use

A fee in the amount of \$_____ will be paid by the user for the event date(s) and time(s) as outlined on page 1 of this agreement. No date(s) or time(s) are included with this agreement.

Security Deposit

A security deposit in the amount of \$_____ will be made prior to the event to hold the reservation. If the terms of this agreement are upheld by the user the security deposit will be refunded in full within 30 days of the event. If the user fails to abide by the terms of this agreement the user will forfeit the full \$200 deposit.

Cancelations

In situations where weather or other unforeseen circumstances require GSA to cancel or stop an event in progress, every effort will be made to reschedule the event to another available date. If rescheduling is not possible, GSA will refund fees paid by the User less any nonrefundable costs incurred by GSA. Cancelations made in advance by the User will result in a full refund of fee and deposit paid by the User less any costs incurred by GSA.

Additionally, the undersigned acknowledges that this agreement is not all encompassing and agrees to seek GSA board approval for any exceptions or matters not mentioned or addressed herein.

Full Printed Name _____

Organization _____

Signature _____ Date ____/____/____

Graham Soccer Association Use Waiver, Indemnification, and Release

Waiver of Liability

IN CONSIDERATION of being permitted to utilize the field, facilities, and/or equipment of Graham Soccer Association for any purpose, the undersigned, agrees that upon entering, finds and accepts the above as being safe and reasonably suited for use. IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE ABOVE MENTIONED FIELDS AND FACILITIES THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING: 1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the GRAHAM SOCCER ASSOCIATION, its directors, officers, employees, and agents (hereinafter referred to as "releasees") from all liability to the undersigned, his personal representatives, heirs, participants, guests, employees, spectators, visitors, and next of kin for any loss or damage, and any claim or demands therefor on account of injury to the person(s) or property or resulting in death whether caused by the negligence of the releasees or otherwise. 2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releasees and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned, his participants, or guests in, upon or about the Graham Soccer Association premises or in any way observing or using any facilities or equipment of Graham Soccer Association whether caused by the negligence of the releasees or otherwise. 3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of releasee or otherwise while in, about or upon the premises of Graham Soccer Association and/or while using the premises or any facilities or equipment thereon. 4. THE UNDERSIGNED HEREBY AGREES TO REQUIRE EACH PARTICIPANT TO SIGN THE GRAHAM SOCCER ASSOCIATION MEDICAL WAIVER. THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of Texas and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Full Printed Name _____

Organization _____

Signature _____ Date ____/____/____

Graham Soccer Association

Board Member Name _____

Board Member Signature _____ Date ____/____/____

GRAHAM SOCCER ASSOCIATION

Medical Waiver Form

(This is a legally binding document and by participating, viewing or remaining on premises, you are assuming the risk of injury. **All players and officials must complete and turn in prior to participation**)

TEAM NAME: _____ COACH: _____

PARTICIPANT: _____ AGE: _____ BIRTH DATE: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL PROBLEMS OR ALLERGIES: _____

MEDICAL RELEASE, RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATION AND LIABILITY WAIVER AND RELEASE (To be signed by participant and, if participant is under 18 years of age, by the participant's parent or guardian.)

1. I hereby give full permission for any and all medical treatment necessary to be administered to me, or to my child in case of an accident, injury, or sickness, under the direction of the person listed above. This release is in effect until I may revoke or change its terms. I also hereby assume the responsibility for payment of such treatment. I understand that Graham Soccer Association, NTSSA, or any individual involved does not provide medical insurance or coverage for participants or spectators.

2. I, (or my child) wish(s) to participate in an event held at Graham Soccer Association's field and/or facilities. I/we realize that there are dangers and risks involved in this participation. Some of the dangers inherent in sports are the hard physical contact, and the impact from a thrown, kicked or struck ball. Some of the risks include a full range of injuries from minor to severe, and include infections, broken bones, permanent disability, or death. I also understand that the risk of injury applies even to spectators of this program. Moreover, if I (or my child) have a special condition, I understand that this may create additional risks. I understand that it is my responsibility to determine the nature and extent of these risks, and based on that knowledge, decide whether I (or my child) will participate and, thereby, accept the additional risk. In consideration of participating, I agree to accept the risks of participating and agree and understand that playing sports can be hazardous, and agree not to sue the following entities and further agree to release, discharge and/or otherwise indemnify, Graham Soccer Association, it's employees, affiliates, associated personnel, and the owner's of the facility. I voluntarily assume the risk of injury while at the facilities be it playing a sport or any other activity at the facilities.

I (or my child) am participating and agree to report any injuries before leaving the facility.

Participant's Signature or Parent/Guardian Signature (if player is under 18)

Date

Participant Name or Parent/Guardian Name (Print Please)