



Medical Waiver/Health Certification Form

To Whom it May Concern:

Official's Name (Print or Type)

Address

Chapter and State

City, State, Zip

This certifies that I, the above named individual, have chosen to participate voluntarily in the NISOA Referee Activity to which a medical examination by a qualified medical examiner IS recommended by NISOA.

I consider myself to be physically capable of handling the rigors required for normal participation in soccer games as a referee or assistant referee, for activities simulating game conditions, including the physical performance events listed below. I understand that the battery of events will be administered in numerical order on the same date with intervals between events not to exceed ten(10) minutes. I understand there are target performances suggested as listed below for each event.

<u>Event #1</u>	<u>Event #2</u>	<u>Event #3</u>	<u>Event #4</u>
<i>Aerobic Endurance</i>	<i>Pro-40 Mobility</i>	<i>Brasilian AR Agility</i>	<i>Shuttle</i>
12 minutes	40 meter	50 meter	30 meter

NISOA Performance

Objectives: 2000 – 3200 m. 18.0 – 27.0 sec. 8.5 – 11.0 sec. 38.0 –50.0 sec.

AGAIN, I have chosen to participate voluntarily in the NISOA Referee Activity with full knowledge of what will be required of me. I realize that a medical examination IS strongly recommended. The decision to participate either with or without the recommend medical examination was a conscious one. In light of my voluntary choice to participate, I specifically agree to waive any and all legal rights for claims of any nature whatsoever that I may have now or in the future against NISOA or any person or persons representing NISOA for any injury sustained while participating in these activities.

I certify that I have read the Medical Waiver/Health Certification Form and understand it's contents as evidenced by my signature below.

I have have NOT completed the recommended medical examination.
(select and circle one)

Signature of Participant

Date