

## PLAY, UNITED, LLC

### Waiver of Liability and Release Form for Minor Participants

This form must be completed and signed by the parent or legal guardian of each soccer player under the age of 18. No minor will be permitted to participate in the Activity (defined below) without a fully executed form on file.

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**MINOR PARTICIPANT'S NAME (print clearly):** \_\_\_\_\_

**DATE OF BIRTH (mm/dd/yyyy):** \_\_\_\_\_

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### Assumption of Risk and Medical Responsibility

I, the undersigned, am the parent or legal guardian of the above-named minor ("**Participant**"), and in consideration of their being permitted to participate in organized soccer and soccer training conducted or sponsored by **Pl4y United, LLC** (the "**Activity**"), I hereby acknowledge and agree as follows:

1. I understand that participation in soccer involves **inherent risks**, including but not limited to physical contact, collisions, falls, and exposure to outdoor conditions, all of which can result in serious injury, illness, permanent disability, or death. I voluntarily assume full responsibility for all such risks on behalf of the Participant.
  2. I certify that the Participant is in good physical condition and has no medical or physical condition that would prevent safe participation in soccer activities. I understand that it is my responsibility to consult a physician prior to participation if I have any doubt about the Participant's health status.
  3. I understand that I am solely responsible for all medical expenses arising from the Participant's involvement in the Activity, and I affirm that the Participant is covered under an active health insurance policy.
  4. I acknowledge that I have the right and responsibility to inspect the facilities and equipment before the Participant takes part in any activity. If I observe any hazard or unsafe condition, I will notify the coach or event organizer and withhold participation until the issue is resolved.
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### Communicable Disease Notice

I acknowledge the ongoing risk of communicable diseases, including but not limited to COVID-19. I understand that participation in group sports activities may increase the risk of exposure and infection. I agree that the Participant will not attend or participate if they are exhibiting any symptoms of illness or if they have been exposed to someone known to have a communicable disease.

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### **Release of Liability and Waiver**

I, on behalf of the Participant and myself, **knowingly and voluntarily waive, release, and discharge PI4y United, LLC**, its owners, officers, employees, contractors, volunteers, agents, affiliates, successors, and assigns (collectively, the “**Releasees**”) from any and all claims, liabilities, or causes of action of any kind that may arise from or relate to the Participant’s participation in the Activity. This includes, without limitation, claims for **personal injury, illness, property damage, wrongful death, and negligence**, whether caused by the Releasees or otherwise.

I agree not to file or pursue any lawsuit or claim against the Releasees and expressly agree to **indemnify, defend, and hold them harmless** from any and all third-party claims or liabilities arising from the Participant’s actions during the Activity.

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### **Media Release**

I authorize **PI4y United, LLC** to photograph, film, or record the Participant during the Activity and to use those images, videos, or recordings in promotional materials, on social media, or in advertising without compensation. I waive all rights to review or approve any such materials.

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### **Governing Law and Severability**

This agreement shall be governed by and interpreted in accordance with the laws of the State of Florida. Any legal actions arising under this agreement shall be brought exclusively in the courts of Florida. .

If any portion of this agreement is found to be invalid or unenforceable, the remaining provisions shall remain in full force and effect.

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### **Acknowledgment and Certification**

I HAVE CAREFULLY READ AND UNDERSTAND THIS ENTIRE WAIVER OF LIABILITY AND RELEASE. I ACKNOWLEDGE THAT BY SIGNING THIS AGREEMENT, I AM GIVING UP LEGAL RIGHTS FOR MYSELF AND THE PARTICIPANT, INCLUDING THE RIGHT TO SUE THE RELEASEES. I SIGN THIS AGREEMENT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS LEGAL CONSEQUENCES.

**Parent or Guardian Name (PRINT):** \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_

**Date Signed:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone Number:** \_\_\_\_\_