WAIVER AND RELEASE OF LIABILITY

Participant's Full Name: _____
Date of Birth: _____
Parent/Guardian Name: _____

1. Assumption of Risk

I understand that participation in soccer involves inherent risks, including but not limited to falls, collisions, contact with other players, exposure to weather conditions, and other physical activities. I voluntarily assume all risks associated with participation in training sessions, games, or events organized by the Soccer Youth Academy.

2. Waiver and Release of Liability

In consideration of my child's participation in the Soccer Youth Academy, I hereby release, waive, discharge, and hold harmless the Academy, its directors, officers, employees, volunteers, agents, and sponsors from any and all claims, demands, damages, or liabilities arising out of or connected with my child's participation, whether caused by negligence or otherwise.

3. Medical Authorization

I grant permission for the Academy staff to arrange emergency medical treatment for my child if necessary. I understand that any medical costs incurred will be my responsibility.
Please list any medical conditions, allergies, or special instructions:

Emergency Contact Name: _____
Relationship: _____
Phone Number: _____

4. Code of Conduct

I and my child agree to abide by the Academy's code of conduct, emphasizing sportsmanship, respect, and fair play during all practices, games, and events.

5. Media Consent

I grant permission for my child's image, name, or likeness to be used in promotional materials, social media, or website content produced by the Academy.

6. Acknowledgment and Signature

I have read this waiver and fully understand its terms. I am signing it freely and voluntarily, understanding that I am giving up certain legal rights.

Parent/Guardian Signature: _____
Date: _____

Participant's Signature (if age 13 or older): _____
Date: _____