

## WAIVER AND RELEASE

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(PRINT PARTICIPANT'S NAME)

In consideration of Dominic Wistocki's acceptance of the above-named as a participant in his soccer goalie training and coaching program and in return for the opportunity to participate in such training and coaching, it is agreed that all risks attendant to participating in any related activities, including, but not limited to bodily injury, are assumed by the participant and his/her parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said participant and his/her parents and/or legal guardian as indicated by the signature hereto.

I hereby certify that the above-named participant is physically able to participate in soccer goalie training and coaching activities and that I know of no physical impairments which would in any manner limit his/her participation in such a program.

In consideration for honoring the participant's request to participate in the above activity, I, for myself, my executors, administrators, and assigns, do hereby waive, release and forever discharge Dominic Wistocki, individually from any claims that I might have myself or could bring on the participant's behalf with regard to damages, demands, or any actions whatsoever, including those based on negligence or failure to supervise, in any manner arising out of the participant's participation in this activity. I also hereby agree to save, hold harmless, and indemnify Dominic Wistocki against any and all claims, including claims of negligence or failure to supervise, which the participant might bring against them as a result of his or her participation in the above activity. I recognize that this Waiver and Release means that I am giving up, among other things, rights to sue Dominic Wistocki for injuries, damages or losses that my child may incur.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees directed by Dominic Wistocki to administer and perform emergency procedures as necessary, or to refer to other duly licensed medical personnel when necessary.

### EMERGENCY CONTACT INFORMATION

PARENT/LEGAL GUARDIAN NAME:

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PHONE: \_\_\_\_\_

SPECIAL CONSIDERATIONS OR ACCOMMODATIONS/ \_\_\_\_\_

Write "NONE" if Not applicable: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN'S SIGNATURE:

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DATE: \_\_\_\_\_