

Waiver of Liability and Release Form

This form must be completed for each soccer player (participant) and, if the player is under 18-years old, must be signed by the player's parent or legal guardian. No player will be allowed to participate without this form, properly executed, and on file.

PARTICIPANT'S NAME (type or print): _____

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): _____

I, the undersigned, in consideration for my voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

Soccer is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my child's participation in the sport. My child is in proper physical condition to participate in soccer practices and games and have no illness, disease or existing injury or physical defect that would be aggravated by my child's participation. I will inform the OP United staff if this status changes. I further acknowledge that this risk may involve loss or damage to my child, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have a current medical consent form in force. My child will wear shinguards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by soccer rules, to all events.

The soccer camp does not have personal injury insurance that covers my participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my child's participation. Under any condition, I am responsible for any and all medical expenses arising from my child's participation, both in practices and games and while travelling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the staff of OP United of the condition and may refuse to participate. Participation assumes consent.

I authorize my child's photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the league or tournament, without compensation.

I authorize that an unaltered copy of this form may be kept on file in order to allow my child to participate in their soccer programs, if the form is required and I have requested my child to participate.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, OP United and their associated coaches, trainers, or volunteers, from any and all liability incurred in the conduct of, and my child's participation in, their soccer programs. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

_____	_____	_____
Parent or Guardian Name (PRINT)	Parent or Guardian Signature	Date Signed

Emergency contact:

_____ cell phone #: _____
(PRINT)

_____ cell phone #: _____
(PRINT)