

DMB Soccer Training Waiver and Release of Liability

1. Participant Information

Name: _____

Address: _____

Phone: _____

Email: _____

2. Acknowledgment of Risks

I, the undersigned, acknowledge that participation in soccer training involves inherent risks, including but not limited to injuries such as sprains, fractures, and other physical harm. I voluntarily assume all risks associated with participation.

3. Release of Liability

In consideration of being allowed to participate in the training sessions conducted by DMB Soccer, I hereby release, waive, discharge, and hold harmless DMB Soccer, its owners, coaches, and employees from any and all claims, liabilities, or damages arising from my participation, even if caused by negligence.

4. Medical Emergency

I understand that in the event of an injury or medical emergency, [Your Business Name] will make every effort to contact my emergency contact as listed below. I consent to any medical treatment deemed necessary.

5. Emergency Contact Information

Name: _____

Phone: _____

Relationship: _____

6. Agreement

By signing this waiver, I acknowledge that I have read and understood its terms, and I agree to abide by all safety rules and regulations set forth by [Your Business Name]. I understand that this waiver is a binding legal document.

Signature: _____

Date: _____

7. Parent/Guardian Signature (if under 18)

I, the undersigned, represent that I am the parent or legal guardian of the participant named above. I consent to their participation and agree to the terms of this waiver on their behalf.

Parent/Guardian Signature: _____

Date: _____