**VERMONT WOMEN'S SOCCER LEAGUE**

**ALL PLAYERS** must sign the *Insurance Waiver Form* below to be eligible to participate in the league.

For those **players under the age of 18**, the *Age Requirement Waiver Form* below also must be signed by the parent(s) or Legal Guardian(s).

**TEAM NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VWSL INSURANCE WAIVER FORM**

It is understood that VWSL does not provide medical insurance covering injuries of any nature during the period of the league, May through August 2023. The undersigned hereby releases VWSL, its successors, officers, agents, and employees from any and all claims, demands, and causes of action resulting from participation in the Vermont Women's Soccer league.

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

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**VWSL AGE REQUIREMENT WAIVER FORM FOR**

**PLAYERS UNDER 18**

I (We), being the Parent(s) or Legal Guardian(s) of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ release the Vermont Women's Soccer League of any and all legal responsibility in regard to said person's participation in any league function.

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

Age of Player: \_\_\_\_\_\_\_\_