



Central Ohio Summer League(COSL) 2026 - Liability Forms/Waivers/Acknowledgments -

Team Name: _____ **Age Group/Gender:** _____

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:

My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to the league or tournament, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsporting behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise.

I acknowledge that soccer is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am 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 participation. I will inform my coach if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, 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. I shall wear shinguards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by soccer rules, to all events. I shall not wear any items that are prohibited by the rules or COSL, or affiliated clubs.

I acknowledge that COSL and affiliated clubs, do not have personal injury insurance that covers my child's participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation, both in practices and games and while traveling 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 coach or supervisor of the condition and may refuse to participate. Participation assumes consent.

I understand Ohio's Concussion Law and I am aware of the requirements of Ohio's Concussion Law for Parents and Coaches as documented here: <https://odh.ohio.gov/know-our-programs/child-injury-prevention/youthconcussions>. I also understand Lindsay's Law in Ohio concerning Sudden Cardiac Arrest. I attest that both my participant child and I have met the requirements required by Ohio Law documented on <https://odh.ohio.gov/know-our-programs/lindsays-law/resources/lindsays-law-required-signature-form>.

I authorize my child's or my 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 hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the United States Soccer Federation, USClub Soccer, US Youth Soccer, COSL, and other Club or team participating in the COSL Program, their associated directors, administrators, officers, managers, employees, coaches, referees, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, including family members, from any and all liability incurred in the conduct of, and my 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.

Team Name: _____ Age Group/Gender: _____

This is the signature page accompanying the waiver release on pages 1.

Players must have the release form signed by a parent or legal guardian.

Player's Printed Name	Date of Birth	Parent/Guardian Signature	Date Signed
1. _____	____/____/____	_____	_____
2. _____	____/____/____	_____	_____
3. _____	____/____/____	_____	_____
4. _____	____/____/____	_____	_____
5. _____	____/____/____	_____	_____
6. _____	____/____/____	_____	_____
7. _____	____/____/____	_____	_____
8. _____	____/____/____	_____	_____
9. _____	____/____/____	_____	_____
10. _____	____/____/____	_____	_____
11. _____	____/____/____	_____	_____
12. _____	____/____/____	_____	_____
13. _____	____/____/____	_____	_____
14. _____	____/____/____	_____	_____
15. _____	____/____/____	_____	_____
16. _____	____/____/____	_____	_____
17. _____	____/____/____	_____	_____
18. _____	____/____/____	_____	_____
19. _____	____/____/____	_____	_____
20. _____	____/____/____	_____	_____
21. _____	____/____/____	_____	_____
22. _____	____/____/____	_____	_____