



### Waiver of Liability Release Form

This form must be completed for each soccer player 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, do hereby willfully acknowledge that my signature below attests to my understand and agreement that:

I, will not compromise myself in such a way as to do harm to the training sessions or events, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unspoken manlike 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.

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 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 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.

Prescient Soccer 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 participation. Under any condition, I am responsible for any medical expenses arising from my participation.

I authorize my photograph, picture or likeness to appear in any documentary promotion, video, website of Prescient Soccer without compensation.

I have completely read this document read this document and fully understand its content. I acknowledge that I have given up substantial rights by accepting this document and I do so voluntarily. My signature attests to this on behalf of myself and/or my child or legal minor.

For those individuals eighteen (18) years of age and older:

**Participation's Name** (Print): \_\_\_\_\_

**Participant's signature:** \_\_\_\_\_ **Date** (mm/dd/yyyy): \_\_\_\_\_

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

**Parent/Guardian Name** (Print): \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** (mm/dd/yyyy): \_\_\_\_\_

