

Liability Waiver - YOUTH



Child: _____ Birth Date: _____ Sex: M F

Parent: _____ Birth Date: _____ Sex: M F

Address: _____

Home: () _____ Mobile: () _____

Email: _____

Part A – Release of liability

The undersigned expressly acknowledges that sports and similar activities involve risk of physical injury greater than those encountered in daily life, and by participating in sports and other activities, members acknowledge and assume the risk inherent therein. Soccer World accepts no responsibility, and shall not be liable, for any injury, illness, death, damage, loss, accident, expense, delay, or other irregularity resulting from a registered member's participation in any activity or use of any of the facilities at Soccer World. In consideration of being permitted to enter and use the facilities at Soccer World, the undersigned hereby releases, waives, discharges and covenants not to sue Soccer World, its officers, directors, employees, agents, servants and/or assigns for any and all damages, and any claim or demand therefore on account of injury or resulting death of the registered member, of damage to property whether caused by the negligence of Soccer World or otherwise while the registered member is in the facilities at Soccer World. Additionally, the undersigned hereby authorizes Soccer World to utilize the registered member's name and/or photographic representation (i.e. video taping, photographs, etc) in the promotions of the programs of Soccer World. Also, each registered member acknowledges the rules of participation and safety of Soccer World and agrees to follow all such rules.

Part B – Declaration of parent or guardian

I consent to my child(ren) named above participating in the Soccer World activities and I assume all risks arising from or in any way related to such participation. I therefore agree to waive any and all claims against, to indemnify and hold harmless Soccer World, its officers, directors, employees, agents, servants and/or assigns in connection with any claims made by or on the behalf of my child(ren) named above including legal costs. I certify that my child(ren) is/are in good physical and mental health. In case of a medical emergency, if I cannot be contacted directly, I hereby give permission to the physician selected by Soccer World to hospitalize, secure proper treatment for, and to order injections, transfusions, anesthesia, or surgery for my child, as named above.

I acknowledge reading this Release and Declaration and understand the conditions contained herein and agree to abide by all of the terms.

Parent / Guardian Signature: _____

Adult Name: _____

Date: _____