WESTCITY ⚽ SOCCER

personalized coaching and training

LIABILITY WAIVER/PARENT CONSENT

To participate in WestCitySoccer clinics, games and related activities, the player(s) and parent/guardian(s) must:

1. Acknowledge and understand fully that the player(s) will be engaging in activities that involve the risk of serious bodily injury and severe social and economic losses which might result not only from his/her own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the condition of the premises or of any equipment used. There may also be other risks not known to us or not reasonably foreseeable at this time.

2. Agree to hold WestCitySoccer and its employees harmless, and hereby release them from any liability on account of injuries sustained by the player(s) while participating in soccer activities.

3. Certify that the player(s) is covered by medical insurance which will reimburse WestCitySoccer for expenses incurred by their employees on account of medical treatment ordered at their discretion and also to indemnify them for any expenses not reimbursed by such insurance.

4. Release, waive and discharge from any and all liability and covenant not to sue WestCitySoccer, their respective administrators, directors, and employees of the organization and other participants.

5. Give consent for the player(s) to be photographed while participating in soccer activities and for the resulting photos or film to be used by WestCitySoccer.

6. I/we understand that my/our child is subject to immediate dismissal if he/she does not comply with the clinic's regulations, or if my/our child's behavior is found to be detrimental to the best interests of the clinic.

7. I/we give consent for our child to receive emergency medical care as seen needed by the WestCitySoccer employees.

8. I have read and understand all of the above.

Player's Name(s): _____

Player's Signature(s): _____

Date: _____

Parent/Guardian's Name: _____

Parent/Guardian's Signature: _____

Date: _____