



RELEASE OF LIABILITY FORM - WAWASEE FOOTY CLUB

I, _____, the undersigned, or the parent/guardian of the participant if under the age of 18, hereby acknowledge and agree to the terms set forth in this Release of Liability Form ("Form") in consideration for being allowed to participate in the youth soccer activities organized by Wawasee Footy Club / WFC ("Organization").

1. ASSUMPTION OF RISK: I understand that soccer involves physical activity and carries with it the potential for personal injury, property damage, or death. I voluntarily assume all risks associated with my participation, or the participation of my child, in any soccer activities organized by Wawasee Footy Club.

2. RELEASE AND WAIVER: In consideration for being permitted to participate in the soccer activities organized by Wawasee Footy Club, I hereby release, discharge, and hold harmless Wawasee Footy Club, its officers, directors, employees, volunteers, agents, and representatives from any and all claims, demands, actions, or causes of action, whether in law or equity, arising out of any personal injury, property damage, or death that may occur as a result of my participation or the participation of my child in any soccer activities organized by Wawasee Footy Club.

3. INDEMNIFICATION: I agree to indemnify and hold harmless Wawasee Footy Club from any and all claims, demands, actions, or causes of action, brought by any third party, arising out of my participation or the participation of my child in any soccer activities organized by Wawasee Footy Club.

4. MEDICAL AUTHORIZATION: In the event of an injury or medical emergency, I authorize Wawasee Footy Club and its representatives to seek and consent to medical treatment for myself or my child.

5. PHOTOGRAPHIC RELEASE: I grant Wawasee Footy Club permission to use photographs and/or video recordings of myself or my child for promotional and marketing purposes.

I HAVE READ AND UNDERSTAND THIS RELEASE OF LIABILITY FORM. I UNDERSTAND THAT BY SIGNING THIS FORM, I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE. I VOLUNTARILY SIGN MY NAME OR THE NAME OF MY CHILD, IF UNDER 18, BELOW:

PARTICIPANT'S NAME (Print)

DATE OF BIRTH

X _____
PARTICIPANT'S SIGNATURE (if 18 or older) or
Parent/Guardian Signature(if under 18)

DATE SIGNED

PARENT/GUARDIAN'S NAME (Print, if under 18)

PARENT/GUARDIAN'S PHONE #

EMERGENCY PHONE #(S)

