



Player Assumption of Risk

Participant Name:		Date of Birth:	
Parent(s) / Guardian(s) Name:			
Address:		City:	
State:		Zip Code:	
Home Phone:		Cellular Phone:	
Parent Email:			
Emergency Contact Name #1:		Cellular Phone:	
Emergency Contact Name #2:		Cellular Phone:	

Participant Waiver & Liability Agreement

I understand that there are risks associated with playing all sports and field related activities. In consideration of being a member of AVID Soccer Club, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity sponsored or approved by AVID Soccer Club and go, premise, release and forever hold harmless AVID Soccer Club and their officers, volunteers, agents, employees, coaches, independent contractors and/or team managers from any actions, suits, damages, claims, or judgments, that may result from any personal injury that myself and/or my children/wards may sustain while using the equipment of AVID Soccer Club, or while engaged in any activities sponsored by AVID Soccer Club.

I understand that AVID Soccer Club does not provide health and/or accident insurance. I assume full and complete responsibility for any and all medical and/or dental bills arising out of my or my child's participation in any AVID Soccer Club sponsored activity, and hereby agree to indemnify and hold harmless AVID Soccer Club and its parties from any and all liability associated with my or my child's participation.

I ensure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within the past one (1) year.

I give permission for AVID Soccer Club and its associates or contracted health care provider to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

I also understand that AVID Soccer Club is held harmless and will not issue credit in the event that I or my minor child, the attendees, cannot attend due to illness, injury, hazardous road conditions, severe storm, flooding, wind, war or other acts of God or any unforeseen occurrences that could frustrate the whole or any part of any event and/or schedule.

I agree to allow photographs taken of myself and/or my children/wards to be used in any marketing/advertising publications by and for AVID Soccer Club.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

Participant's Signature (Parent/Guardian if under 18)

Date: