Waynesboro Youth Soccer Association - Liability and Release Form

This form must be completed for each soccer player (participant) 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 in Waynesboro Youth Soccer Association ("WYSA") tournament games without this form, properly executed, and on file.

PLAYER'S NAME (print): _____ DATE OF BIRTH: _____

INSURANCE CO _____ POLICY # _____

AUTHORIZED PERSON(S) _____

PHYSICIAN _____ PHONE _____

KNOWN ALLERGIES _____

MEDICATIONS/CONDITIONS _____

I, the undersigned, in consideration for my voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:
My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to the league or tournament, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike 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. I am in proper physical condition to participate in soccer games and 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 unforeseen consequences.

Under any condition, I am responsible for any and all medical expenses arising from my participation in WYSA Tournament games, and while travelling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach or supervisor of the condition and may refuse to participate. Participation assumes consent.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the United States Soccer Federation, EPYSA, CPYSL, and WYSA, their associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers, and sponsors, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their soccer tournament. This includes owners of premises, municipalities, government agencies, successors, heirs, and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

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

_____	_____	_____
Participant's Name (PRINT)	Participant's Signature	Date Signed

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

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

_____	_____	_____
Parent/Guardian Name (PRINT)	Parent/Guardian Signature	Date Signed