



ASSUMPTION OF RISK/ WAIVER STATEMENT

Below is a copy of the Player/ Parent Return to Play Consent Form. This is built in to each families online registration.

By Clicking below, I agree to the terms and conditions of below listed Colonial Soccer Waiver Form

ASSUMPTION OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION AND HOLD HARMLESS AGREEMENT In consideration for my child being allowed to participate in soccer programs offered by Colonial Soccer Club and its affiliated organizations, including but not limited to participation in soccer games, friendlies, training, practices, camps, leagues, tournaments, rentals, transportation/travel to or from same, and all related aspects of travel soccer, recreation soccer and/or adult soccer (the "Programs"), I hereby agree that: (a) I will abide by the rules of Colonial Soccer Club; (b) I understand that the risk of serious injury, illness and disability from participation in the Programs is substantial; participants may also be exposed, or expose others, to contagious and potentially harmful or deadly diseases such as influenza, common cold, chicken pox, meningitis, measles, COVID-19 and other infectious diseases; (c) on behalf of my child I KNOWINGLY AND FREELY ASSUME ALL RISKS OF INJURY, ILLNESS AND DISABILITY from, and all responsibility for, participation in the Programs, even if arising from the acts or negligence of Colonial Soccer Club; (d) I hereby RELEASE, DISCHARGE AND/OR OTHERWISE AGREE TO INDEMNIFY AND HOLD HARMLESS Colonial Soccer Club, its officials, directors, employees, coaches, trainers, referees, representatives, agents, sponsors and associated personnel, including the owners of the fields and facilities utilized by Colonial Soccer Club for the Programs, and including Colonial Soccer Club governing bodies such as the Eastern Pennsylvania Youth Soccer Association, U.S. Youth Soccer, U.S. Club Soccer, and the U.S. Soccer Federation, from and against any claim of any kind by or on behalf of the registrant and registrant's family, guardians, heirs and assigns, including claims for serious injury and disability, as a result of the registrant's participation in the Programs, and/or being transported to or from the same, to the fullest extent permitted by law. I further represent and warrant that my son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment. *