



PRINT name of player _____ D.O.B. ____ - ____ - ____ Age ____

Parent name(s): (if applicable) _____

Address _____ City _____ Zip Code _____

Telephone Number day _____ evening _____ e-mail _____

Emergency Phone Numbers

Name _____ Telephone Number _____

Name _____ Telephone Number _____

Medical Conditions (if applicable) _____

WAIVER/RELEASE OF LIABILITY FORM

In consideration of being permitted to participate in a soccer class, instructional camp, league or tournament conducted by Goalgetters, the undersigned, as parent and guardian of my minor child, and for myself, my spouse, legal representatives, heirs, and assigns, hereby releases, waives, and discharges liability to the undersigned, my spouse, legal representatives, heirs and assigns, for any and all loss or damage, and any claim or damages resulting there from, on account of injury to my person or property, or that of my minor child, even injury resulting in death. The undersigned expressly agrees that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the state of California and that if any portion there of is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. It is acknowledged that soccer and sporting activities involve risk of injury, and the undersigned is voluntarily participating (or permitting my child to participate) in these activities with knowledge of the danger involved and hereby accept any and all risk of injury or death. I, as undersigned, authorize Goalgetters to act and treat in an emergency situation on behalf of myself or my guardian. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I have signed of my own free will.

Please **print** name of player _____

Signature of player or parent _____ Date ____ - ____ - ____