



## RELEASE AND WAIVER OF LIABILITY AGREEMENT

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address: \_\_\_\_\_

Contact Phone number: \_\_\_\_\_ Team: \_\_\_\_\_

I (parent/guardian) understand, that participating in Junior Summer Soccer carries with it inherent dangers and/or risks of physical injury, including serious injury such as permanent disability, paralysis and even death. My child is voluntarily participating with the knowledge of the potential dangers and/or risks involved, and I agree to assume any and all dangers and/or risks of bodily injury or death, whether those dangers and/or risks are known or unknown.

In consideration of being allowed to participate in Junior Summer Soccer, I individually and jointly hereby agree to forever release and hold harmless the Helensburgh Thistles Soccer Club, its committee and volunteers in the event of injury to any Participant. We also acknowledge that the Helensburgh Thistles Soccer Club, does not have in place any personal accident insurance policy that would provide us with any compensation or benefits in the event of any Participant being injured.

**I, the Parent/Guardian, have carefully read and fully understand this waiver and release and agree to release the Helensburgh Thistles Soccer Club from any liability for any injury or other losses we incur, including Helensburgh Thistles Soccer Club acts of negligence or omissions to the fullest extent permitted by law. We also acknowledge and agree that we are signing this waiver of our own free will.**

By agreeing to this release and waiver form we:

- (a) expressly state that we have read this document and fully understand and accept its contents;
- (b) warrant that all of the information contained in this application is true and correct; and
- (c) acknowledge that the Helensburgh Thistles Soccer Club has relied on the accuracy of this information in allowing my child to participate in Summer Soccer.

**Please tick to confirm that you understand this release and waiver of liability agreement**

### RECOMMENDATION

It is recommended that all participants and visitors have private health insurance and ambulance cover as any injury or incident requiring medical assistance will result in expenses.

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_