SOCCER TRAINING WAIVER & LIABILITY RELEASE

This waiver and release form is intended for participation in soccer training, conditioning, private development sessions, clinics, camps, and related athletic activities.

Participant Name:	_____
Parent/Guardian Name:	_____
Phone Number:	_____
Emergency Contact:	_____
Emergency Phone:	_____
Medical Conditions/Allergies:	_____
Insurance Provider:	_____

ACKNOWLEDGMENT OF RISK

I understand that participation in soccer training, conditioning, drills, scrimmages, and related athletic activities involves inherent risks, including but not limited to falls, collisions, physical contact, sprains, fractures, concussions, serious injury, or other physical harm. I voluntarily allow my child to participate with full knowledge of these risks.

MEDICAL AUTHORIZATION

I certify that my child is physically able to participate in soccer-related activities. In the event of an emergency, I authorize the organizers, coaches, trainers, or staff to obtain emergency medical treatment if necessary. I understand that I am financially responsible for any medical care provided.

RELEASE OF LIABILITY

I hereby release, waive, discharge, and hold harmless the organizers, coaches, trainers, assistants, facility owners, schools, and affiliated staff from any and all claims, liabilities, damages, injuries, losses, or expenses arising out of or related to participation in these activities, including injuries resulting from ordinary negligence. I understand participation is voluntary and I assume all associated risks.

PHOTO & VIDEO RELEASE

I authorize the use of photos or videos of the participant for promotional, website, or social media purposes related to the soccer program.

Photo/Video Permission:	YES ■	NO ■

Parent/Guardian Signature:	_____
Printed Name:	_____
Date:	_____