GLOBAL SOCCER ACADEMY



Waiver and Release of Liability- MINOR

IN CONSIDERATION OF	, my child/ward, bei
injury and illness (ex: communicable disea involved in this program is significant, inclu	demy of Laurel, The undersigned acknowledges and agrees that: The risks of ses such as MRSA, influenza, and COVID-19) to my child from the activities ding the potential for permanent disability and death, and while particular rules uce these risks, the risks of serious injury and illness do exist; and,
	f, from the activities involved in these programs is significant, including the and death, and while rules, equipment, and personal discipline may reduce t; and,
any unusual significant concern in my child'	am's stated and customary terms and conditions for participation. If I observe s readiness for participation and/or in the program itself, I will remove my attention of the nearest official immediately; and,
HEREBYRELEASE AND HOLD HARMLE employees, volunteers, other participants, lessors of premises used to conduct the ev DISABILITY.DEATH, or loss or damage to	chalf of my/our heirs, assigns, personal representatives and next of kin, as Global Soccer Academy, LLC.; its directors, officers, officials, agents, appropriately agencies, sponsors, advertisers, and if applicable, owners and ent ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, person or property incident to my child's involvement or participation in these E NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest
kin, HEREBY INDEMNIFY AND HOLD HA	behalf of my/our heirs, assigns, personal representatives and next of RMLESS all the above Releasees from any and all liabilities incident to per program, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the
	explained to my child/ward: the risks of the activity, his/her responsibilities and that my child/ward understands this agreement.
	TY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS /EN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY DUCEMENT.
Print Name of Parent/Guardian	
Parent/Guardian Signature	Date Signed
UNDERSTANDING OF RISK I understand the seriousness of the risks in adhering to rules and regulation, and acce	rolved in participating in the soccer program, my personal responsibilities for t them as a participant.
Print Name of Participant	
Participant's Signature	Date Signed