



## YOUTH SOCCER- PLAYER WAIVER FORM

### Individual Player Information

Name: \_\_\_\_\_ Gender: Male  Female

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Consent and Liability Waiver - Release of all claims (must be signed to participate)

I, \_\_\_\_\_ (parent/guardian), am the parent or legal guardian of \_\_\_\_\_ (minor child). As lawful consideration for my minor child being permitted to participate in the APTitude Soccer Training Program, clinic or any other soccer related events, I understand that my child assumes any risks which might be associated with its activities. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute APTitude Soccer and their agents, sponsors, suppliers and employees for damages, death, personal injury or property damage which my minor child may sustain as a result of participating in these sporting activities. This release is intended to discharge in advance APTitude Soccer and their agents, sponsors, suppliers and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the soccer training, program, camp, clinic or any other activity. I FURTHER UNDERSTAND



THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS, APTITUDE SOCCER AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES. I attest that I am eighteen (18) years old or older and that my child is physically fit and have no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the soccer training, camp or clinic.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND APTITUDE SOCCER AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL. I also agree that APTITUDE SOCCER and their agents, sponsors and employees may use my child's photograph, recordings and videos in future promotions including but not limited to social media, advertising and web content without any fees, royalty or compensation for such use.

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_