



HDS EAGLES SOCCER ACADEMY

Player Registration & Liability Waiver

PLAYERS NAME: _____ BIRTH DATE - _____
ADDRESS - _____ CITY, STATE, ZIP - _____
PHONE – HOME: _____ WORK - _____
E-MAIL ADDRESS - _____

AMATEUR & ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in the HDS EAGLES SOCCER ACADEMY athletic/sports programs and related activities, the undersigned:

- A. Agree that prior to participating, they will inspect the facilities and equipment to be used and if they believe anything is unsafe, they will immediately advise their coach or the Manager-On-Duty of such condition and refuse to participate.
- B. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, death and severe social economic losses which might result not only from their own actions, inaction or negligence of others, the rules of the play or the condition of the premises or of any equipment used. Further, that there may be other risks not know to us.
- C. Assume all the foregoing risks and accept personal responsibility for damages following such injury, permanent disability or death.
- D. Release, waive, discharge and covenant not to sue HDS EAGLES SOCCER ACADEMY, it's affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers and if applicable, owners and leasers of the premises used to conduct an event, all of which are hereafter referred to as "releases" from demands, losses or damages on account of injury, including death or damage to property, causes or alleged to be caused in whole or in part by the negligence of HDS EAGLES SOCCER ACADEMY.
- E. Agree to carry personal health insurance in case of sports injury.
- F. I confirm that the applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the soccer program and I have disclosed the participant's medical conditions, allergies, etc.
- G. I hereby grant HDS EAGLE SOCCER ACADEMY and its agents permission to use, without compensation, my and/or my child's image, likeness or voice in connection with any promotional materials including, but not limited to, brochures, advertising and broadcast.

THE UNDERSIGNED HAVE READ THE ABOVE WAIVER AND RELEASE AND UNDERSTAND THEY HAVE GIVEN UP SUBSTANTIAL RIGHT BY SIGNING IT AND SIGN IT VOLUNTARILY.

PLAYER'S SIGNATURE: _____ **DATE:** _____

PARENT/GUARDIAN (IF UNDER 18): _____