

Waiver of Liability and Release

PARTICIPANT'S NAME: _____

PARTICIPANT'S DATE OF BIRTH: _____

I, the undersigned parent or guardian of the above listed minor Participant, acknowledge and fully understand that the Participant will be engaging in activities that involve risk of serious injury, including permanent disability or death. I assume all risks and hazards associated with the Participant's participation in the Chula Vista FC soccer program. I hereby release, waive liability, discharge, hold harmless, indemnify the Chula Vista FC, its owners, coaches, administrators, partners, sponsors and volunteers from any liability incurred in the course of the Participant's participation in the Chula Vista FC soccer activities.

Participant is in proper physical condition to participate and has no illness, disease or existing injury or physical defect that would be aggravated by participation. I will inform Participant's coach if this status changes. I confirm the Participant's date of birth listed above is correct and will provide proof upon request.

Chula Vista FC does not have personal injury insurance that covers the Participant. I am responsible for any and all medical expenses arising from the Participant's participation. I consent to emergency medical care prescribed by a duly licensed health care provider or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or Participant's well-being and I hereby agree to be financially responsible for all costs associated with such treatment.

I authorize Participant's voice, photograph or likeness to appear in any documentary, promotion (including advertising), social media, television, video, or radio coverage of the Chula Vista FC, without compensation.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. As the parent or legal guardian of the Participant, I hereby bind myself and the Participant to the terms of this Waiver of Liability and Release.

Parent/Guardian Name

Parent/Guardian Signature

Date Signed