



## **WAIVER AND RELEASE OF LIABILITY**

**NOTE:** THIS FORM MUST BE READ AND SIGNED BEFORE THE PARTICIPANT IS PERMITTED TO TAKE PART IN USSF OR CAL-SOUTH CLINICS.

IN CONSIDERATION of my involvement in activities under the auspices of the **U.S. Soccer Federation and/or Cal-South**, I acknowledge that:

1. There is a risk of personal injury inherent in participating in this clinic. I knowingly and freely assume this risk. I willingly agree to comply with the stated and customary terms and conditions for participation.
2. I, for myself, and on behalf of my heirs, assigns, personal representatives, and next of kin, hereby release, hold harmless and promise not to sue the U.S. Soccer Federation, Cal South, its officers, volunteers, staff, sponsors, and/or agents ("Releases") with respect to any and all injury and loss arising from my participation, whether caused by the negligence of the Releases or otherwise, except that which is the result of gross negligence or wanton misconduct, to the fullest extent permitted by law.

**I have read this Release of Liability and Waiver Agreement and fully understand its terms.**

Participant's Name (**Printed**) \_\_\_\_\_

Participant's **Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

### **FOR PARTICIPANTS OF MINORITY AGE**

This is to certify that I/we as parent(s)/guardian(s) with legal responsibility for this participant, do consent and agree not only to his/her release, but also for myself/ourselves, and my/our heirs, assigns and next of kin to release and indemnify the Release from any and all Liability incident to my/our minor child's involvement as stated above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

**Parent/Guardian Name (Please print)** \_\_\_\_\_

**Parent/Legal Guardian Signature AND Date** \_\_\_\_\_