

Date: _____, 20____



Printed Name of Participant: _____

DAVIDSON COUNTY YOUTH SOCCER LEAGUE/ASSOCIATION (DCYSA)

ASSUMPTION OF RISK ACKNOWLEDGMENT ASSUMPTION OF RISK:

I understand and accept that soccer is a competitive contact sport that exposes me to many unavoidable risks, and that participating in soccer involves risk of death and serious personal injury, including but not limited to, concussion, broken bones, torn ligaments and torn cartilage. I also understand that I should be in good physical health to participate in soccer. Finally, I understand that competitive soccer frequently involves travel by plane, bus, or automobile, all of which involve the risk of death or injury, as well as overnight stays in distant venues that cannot be totally controlled by DCYSA. I choose to participate in DCYSA soccer in spite of these risks and hereby assume all risk of loss of life or injury to myself arising out of or related to my participation in soccer club. Participant's Signature (only if age 14 or

over): _____

DCYSA WAIVER AGREEMENT WAIVER: I understand and accept that soccer is a competitive contact sport that exposes me to many unavoidable risks, and that participating in soccer involves risk of death and serious personal injury, including but not limited to, concussion, broken bones, torn ligaments and torn cartilage. Finally, I understand that competitive soccer frequently involves travel by plane, bus, or automobile, all of which involve the risk of death or injury, as well as overnight stays in distant venues that cannot be totally controlled by DCYSA. I specifically release and forever discharge DCYSA, as well as their members, managers, officers, directors, agents, volunteers, chaperones and employees from any and all liability or claims for any injury, illness, death which I or my minor child may suffer that arises out of or is related to this soccer program. This release and discharge specifically included, but is not limited to, liability or claims for injury, illness or death alleged to have been caused by the negligence of DCYSA, as well as their members, managers, directors, officers, agents, volunteers, chaperones and employees. INDEMNITY: I agree to indemnify and hold harmless DCYSA, as well as their members, managers, officers, agents, and employees, from any and all claims, demands, actions and judgments arising out of or related to my or the minor's participation in this trip.

I HAVE READ THIS DOCUMENT CAREFULLY AND I UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND I SIGN IT VOLUNTARILY. Signature of participant (if age 18 or over):

_____ Signature of participant's parent, legal guardian or chaperone

(if participant is age 17 or younger): _____