# AMATEUR ATHLETIC WAIVER, RELEASE OF LIABILITY, AND BUSINESS POLICIES

## READ BEFORE SIGNING

In consideration of being allowed to participate in any way in private soccer training, clinics, sessions, and related events and activities (collectively, the "Program") operated by **[Insert Your Business Name/Your Name]**, the undersigned acknowledges, appreciates, and agrees that:

1. **Risk of Injury:** The risk of injury from the activities involved in this Program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
2. **Assumption of Risk:** I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation (or my child's participation).
3. **Compliance:** I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official or trainer immediately.
4. **Release from Liability:** I, for myself and on behalf of my heirs, assigns, personal representatives, and next of kin, HEREBY RELEASE AND HOLD HARMLESS **[Insert Your Business Name/Your Name]**, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. **Medical Authorization & Emergency Treatment:** In the event of an injury or medical emergency during a training session, and if a parent, guardian, or emergency contact cannot be immediately reached, I hereby grant permission to **[Insert Your Business Name/Your Name]** and its staff to authorize and secure necessary medical treatment. This includes, but is not limited to, first aid, CPR, calling emergency services (911), or transporting the participant to a hospital. I agree to assume full financial responsibility for all medical costs, ambulance fees, and related expenses incurred.

6. **Photo, Video, and Media Release:** I hereby grant **[Insert Your Business Name/Your Name]** the absolute and irrevocable right to take, use, publish, and reproduce photographs, video recordings, and audio recordings of the participant taken during training sessions. These materials may be used for marketing, promotional website content, social media channels, and advertising without further notice or financial compensation to me.
7. **Cancellation, No-Show, and Refund Policy:**
    a. **24-Hour Notice Required:** Clients must provide at least 24 hours' notice to cancel or reschedule a scheduled training session.
    b. **Late Cancellations & No-Shows:** Any cancellation made less than 24 hours before the session start time, or failure to show up, will forfeit the session and be charged the full training fee.
    c. **Inclement Weather:** If a session must be cancelled by the trainer due to dangerous weather or unplayable fields, a full makeup session or credit will be issued.

## FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

**Participant Name:** _____
**Parent/Guardian Name (if under 18):** _____
**Parent/Guardian Signature:** _____
**Date Signed:** _____