

**FORT WAYNE UNITED
SOCCER ASSOCIATION, INC.**

MINOR WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in The Fort Wayne United Soccer Association, Inc., athletics/sports program, and related events and activities, the undersigned:

Agree that the parent(s) or legal guardian(s) will instruct the minor participant that, prior to participating, he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

Certify that my child, named on the reverse side of this release, has my permission to travel with the **Fort Wayne United Soccer Association, Inc. and/or the Citadel Futbol Club** during the 2007-2008 soccer season which extends from August 1, 2007 until July 31, 2008. I understand that automobile or other means of travel to and from the games and/or practice will be necessary.

Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.

Release, waive, discharge and covenant not to sue the **Fort Wayne United Soccer Association, Inc.**, its affiliate clubs, their respective administrators, directors, agents, coaches, volunteers, and employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "**releasees**" from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property caused or alleged to be caused in whole or in part by the negligence of the **releasees** or otherwise.

Give my consent for emergency medical care prescribed by a duly licensed doctor of-medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

// WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I / WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

Player Name _____ **Team** _____

PARENT OR GUARDIAN (Signature) _____ (Relationship) _____ (Date) _____

STATE OF: _____

COUNTY OF: _____

Signed and sworn in my presence, a notary, this ____ day of _____, 20__