



FUNDAMENTALLY SOCCER  
TOTALLY AUTHENTIC

## Liability Waiver Form

Players Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

I further acknowledge that our child participates in this at his/her own risk. Our child is in good health, and we release you, your heirs, executors and assigns of any responsibility that you or they might have regarding the health and physical condition of our child during his/her participation in the Authentic Futbol camp. On behalf of myself, our child, our heirs, executors and assigns, I further release and forever discharge you, your heirs, executors and assigns, and demands right or cause of action of whatsoever kind of nature, either in law or in equity, arising from or by reason of any bodily and/or personal injury sustained by our child and/or lost or damaged property, or otherwise, directly or indirectly arising from participation by my child in the Authentic Futbol camp.

I agree to indemnify you, your heirs, executors and assigns, and any chaperons, their heirs, executors and assigns on account of any claims that might be asserted by myself or by my child. Permission is given to take any action you may deem necessary in the event of injury to or illness of my child and for any emergency anesthesia and/or operation which might become necessary, which action shall include the giving of permission to any doctor to hospitalize, provide proper treatment, and order injections, anesthesia or surgery for my child.

Parent or Legal guardian's signature:

\_\_\_\_\_ Date: \_\_\_\_\_