

SEVEN-A-SIDE and SUMMER LEAGUES



WAIVER RELEASE AGREEMENT

Player Name _____ Age _____

Parent Name (if under 18) _____

Player Cell Phone _____

Player Street, City, State, Zip _____

List any allergies or medical conditions _____

Emergency Contact _____ Cell _____

In consideration of application, I, the undersigned, being the participant, parent, or legal guardian, intending to be legally bound hereby, for my heirs, executors and administrators, waive and release any and all rights and claims for damage I or my child may have against KPF, Furman Youth Association, United FC, GCRD, Legacy Charter, Copa Indoor Soccer for any and all injuries suffered by myself or my child at the above summer SevenASide league or other Summer League programs presented under Furman Youth Association or United FC. I attest and verify that I am (or my child is) medically cleared to attend the above summer program.

Parent Signature (if under 18) _____ Date _____

Player Signature _____ Date _____