

Corvallis Soccer Club Programs Release of Liability

(This document waives important legal rights. You and your child should read it carefully before signing)

RELEASE OF ALL CLAIMS: I, the undersigned parent/guardian of the named minor registrant (hereinafter referred to as 'Child'), agree that in consideration for my Child being allowed to participate in Corvallis Soccer Club (hereafter referred to as 'CSC'), Oregon Premier League (hereafter referred to as 'OPL'), and Oregon Youth Soccer Association (hereafter referred to as 'OYSA') soccer activities and programs (hereafter collectively referred to as 'PROGRAMS'), **we agree as follows:**

My Child and I release, waive, discharge and indemnify CSC, OPL, and OYSA from any and all liabilities, claims, demands or causes of action that may arise, by or on behalf of my Child, from or related to any loss, damage, permanent disability or injury, including death, sustained by my Child while participating in the PROGRAMS and/or while my Child is being transported to or from any PROGRAMS, which transportation I hereby authorize, and/or while my Child is participating in team activities including, but not limited to, social outings.

This release, waiver, discharge and indemnification clause includes any claims for injury and death based on the negligence of CSC, OPL and OYSA, to the fullest extent permitted by law. My Child and I are fully aware of the risks connected with participation in the PROGRAMS. These risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of my Child, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials and monitors, and a lack of hydration. My Child and I have also received and read the Fact Sheet on Concussions. I, therefore, expressly assume all known and unknown risks and accept personal responsibility for maintaining the safety of my Child.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Minor Registrant (Child) Name _____

Date _____

UNDERSTANDING OF RISK I understand the seriousness of the risks involved in participating in the PROGRAMS, my personal responsibilities for adhering to rules and regulations, and I accept them as a participant.

Minor Registrant (Child) Signature _____ Date _____

