

For Informational Purposes Only

Actual waiver completed during the registration process

### **WA Youth Soccer Medical Release v24138**

Recognizing the possibility of injury or illness, and in consideration for the Washington Youth Soccer and members of Washington Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of Washington Youth Soccer and its members (the Programs), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify Washington Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my sons/daughters participation in the Programs and/or being transported to or from the Programs, which transportation I authorize. My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I have provided written notice, which was submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment

