



SOCCKER SCHOOL WAIVER

1. **Participants Name:** _____
2. **Date of Birth:** _____
3. **Address:** _____
4. **Name of Parent/Guardian:** _____
5. **Contact Phone Number:** _____

I understand that SC Azzurri and its officers, directors, agents, contractors, employees, coaches/instructors, trainers, volunteers, students, members and representatives (all hereafter collectively referred to as "SC Azzurri"), are not responsible for my child's death, injury, loss or damage of any kind sustained by any person while registered as a participant in SC Azzurri's soccer school (hereinafter referred to as the "school") except to the extent that such injury, loss or damage was caused by the negligence of SC Azzurri.

I understand and acknowledge that photographs are frequently taken of schools activities and that my child's (or children's) photograph may be selected for use in the schools' publications and advertisements or on its web page.

I understand and acknowledge the following:

1. That my child is physically and mentally able to participate in the school's activities;
2. That my child will wear full protective equipment demanded by the school and that the equipment brought to the camp with him/her meets or exceeds all minimal sport standards;
3. Should my child be injured during the school, I give permission for SC Azzurri staff to provide emergency medical treatment as necessary.
- 4.

BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD THIS INFORMED CONSENT AGREEMENT, AND THAT I UNDERSTAND, APPRECIATE AND ACCEPT THE RISKS ASSOCIATED WITH MY CHILD'S PARTICIPATION IN THE SC AZZURRI SOCCER SCHOOL AND ALL RELATED ACTIVITIES OFFERED BY SC AZZURRI. AS THE PARENT/GUARDIAN FOR THE PARTICIPANT, I CONSENT FOR MY CHILD'S PARTICIPATION IN THE SC AZZURRI SOCCER SCHOOL AND ALL RELATED ACTIVITIES.

Signature: _____ **Date:** _____

Print Name: _____

