



SOCCER4LIFE ANNUAL WAIVER OF LIABILITY

NAME: _____ MALE: ___ FEMALE: _____

DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____ CITY, STATE, ZIP: _____

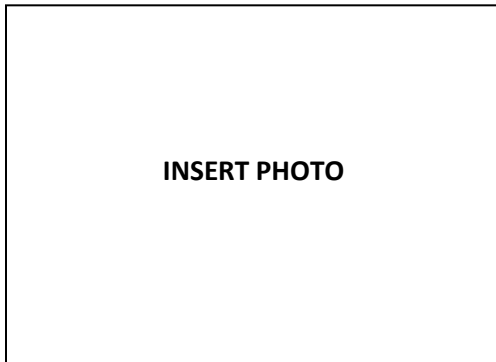
EMAIL: _____ PHONE: _____

PARENTS PERMISSION SLIP AND WAIVER OF LIABILITY

I do hereby certify that I have knowledge of my child's physical condition and state of health and give my consent and permission for my child as identified above to engage in the active sports and games organized by Soccer4Life. I do further certify that my child has no known physical defects, disease or disability that will in any way jeopardize his/her health or physical condition if he/she is allowed to take an effective part in this program.

In consideration of my child being allowed to participate in the Athletic program and the training and instruction my child will receive from such programs, I hereby agree to and do indemnify and hold harmless Soccer4Life and Employees of Soccer4Life for any injury, accident, or mishap that may befall my child while participating in any phase or aspect of the Soccer4Life Programs, or while being transported to and from games in all sports.

I give my permission for my child to participate in Soccer



PARENT/GUARDIAN SIGNATURE

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