

# Waiver & Release

## Positive Coaching, Inc.

This Waiver & Release must be completed for each soccer player (“**Participant**”) and, if the player is under 18-years old, must be signed by the player’s parent or legal guardian. No Participant will be allowed to participate in Positive Coaching, Inc. (“**PCI**”) training sessions, camps, group lessons or other coaching sessions (collectively, “**Training**”) without this form, properly executed, and on file.

PARTICIPANT’S NAME (type or print): \_\_\_\_\_

PARTICIPANT’S DATE OF BIRTH (mm/dd/yyyy): \_\_\_\_\_

The undersigned, in consideration for my voluntary participation in Training, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

I will conduct myself in a sportsmanlike manner both on and off the field and recognize that I may be dismissed from participation, with loss of payment or fees, for breaching this covenant. I agree to pay for any and all damages to any property or person caused by me willfully, negligently, or otherwise. If Participant is a minor, covenants using pronouns such as “I”, “me” and “my”, shall be deemed to be the covenants of the Participant’s guardian.

Soccer is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport and PCI activities. I am in proper physical condition to participate in Training and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have a current medical consent form in force. I will wear shinguards, properly-fitted and appropriate shoes, and other protective equipment (e.g., mouth-pieces), as provided by soccer rules, to all Training.

PCI may or may not carry personal injury insurance that covers my participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation, both in Training and while travelling to and from Training. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach or supervisor of the condition and may refuse to participate. Participation assumes consent.

I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the league or tournament, without compensation.

I authorize that an unaltered copy of this form may be generated and given to the officers or directors of other leagues or tournaments in order to allow my participation in their soccer programs, if the form is required and I have requested to participate.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, PCI, its associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers,

sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their soccer programs. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat me for the purpose of attempting to treat or relieve any injuries received by me arising out of, or relating to the Training. I authorize PCI to contact such medical providers as PCI deems appropriate. I authorize any such medical provider to perform all procedures deemed medical advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk. I hereby assume all responsibility for costs incurred in treating any injuries occurring to me during Training.

For those individuals eighteen (18) years of age and older:

\_\_\_\_\_  
Participant's Name (PRINT)      Participant's Signature      Date Signed

For those individuals under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the Participant, I hereby agree to the foregoing Waiver and Release for, and on behalf of, the Participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver and Release.

\_\_\_\_\_  
Parent/Guardian Name (PRINT)      Parent/Guardian Signature      Date Signed