

**ATHLETIC RELATED ACTIVITIES RUN BY FOUNDATION SOCCER CLUB
NORTH LIABILITY RELEASE FORM**

Prior to participation in an athletic related activity, clinic or camp, directed by coaches from Foundation Soccer Club North, you must sign the form below. In addition, if you are under the age of 18 years old, your parent or guardian must sign as well. By signing you acknowledge, understand and agree to assume the risks associated with your participation in the Girls High School Winter or Summer Soccer Clinic.

By signing below, it is understood this soccer clinic may involve travel to and from Mansfield Outdoor Athletic Complex, 1 Mansfield City Road, Mansfield Connecticut 06268 or Nevers Grass Field, 83 Windham Street, Willimantic Connecticut 06226 and participation in athletic, academic and social activities, sponsored or supervised by Foundation Soccer Club North personnel. It is further understood that these activities have risks associated with them, and that Foundation Soccer Club North cannot guarantee your safety and you confirm you understand the risks of participating in this soccer clinic. By your signature below you:

- affirm that participation is completely voluntary.
- affirm that the prospective student-athlete is physically and mentally fit to participate in this soccer clinic and engage in soccer related activities.
- understand should medical treatment be needed while participating in the clinic, Foundation Soccer Club North staff has permission to use their judgment to obtain medical services, and you are giving permission to the physician selected by the staff to render medical treatment deemed necessary or appropriate.
- understand that Foundation Soccer Club North does not have insurance to cover medical or hospital costs for treatment of the student-athlete and, therefore, you agree that any costs incurred shall be your responsibility.
- acknowledge that Foundation Soccer Club North can only accept responsibility for its own negligent or intentionally wrongful acts in connection with the prospective student-athletes participation in the soccer clinic.
- hereby release and hold harmless Foundation Soccer Club North, its employees, officers, administrators, agents, representatives, students, affiliates, successors and assigns from all other claims, actions, causes of action, suits, judgments and demands.
- acknowledge that you have read and understand the terms above, and agree to be bound by them, as indicated by your signature below.

Student-athlete name (please print): _____

Student-athlete signature: _____ **Date:** _____

**** If the prospective student-athlete is a minor, a parent or guardian signature is required below which indicates you understand and agree to the terms above as it relates to the student for which you are responsible****

Parent/guardian name (please print): _____

Parent/guardian signature: _____ **Date:** _____
(If prospective student-athlete is under 18 years of age)