



Waiver of Liability Assumption of Risk Emergency Contact

In consideration of my child being allowed to participate in any activities related to Utah Elite Soccer LLC, I, the parent or guardian of _____, *Participant Full Name*,
Understand the following:

- The risk of injury from the activities involved in these sport events is significant, including the potential for permanent injuries, paralysis, and death. While rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist.
- I knowingly and freely assume all such risks to my child, both known and unknown, and assume full responsibility for my child's participation.
- I, on the behalf of my child, hereby release, indemnify and hold Utah Elite Soccer LLC harmless with respect to any and all injury, disability, death, or loss or damage to person or property, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Parent/Guardian **Name** _____ **Phone** _____

Parent/Guardian **Signature** _____ **Date** _____

I understand, agree, and acknowledge that some activities may be of a hazardous nature and/or include physical and/or strenuous activity. Understanding this, I state that my child has no medical condition or impairment that might inhibit his/her safe and active participation in soccer or its related activities. In addition, I understand that Utah Elite Soccer LLC does not provide medical insurance coverage for activity participants and that such participants must individually provide any applicable medical insurance. In the case of injury or medical emergency and in the event participant, or their parent or guardian, cannot respond at the time of the emergency, Utah Elite Soccer LLC staff has permission to seek, administer, or have administered whatever first aid or emergency medical care deemed necessary for participant's welfare, and it is understood that participant, and not Utah Elite Soccer LLC, shall be responsible for any and all charges for such health care services regardless of whether participant's medical insurance would cover such charges.

Parent/Guardian **Signature** _____ **Date** _____

Emergency Contact Information

Full Name: _____

Relation: _____

Phone: _____