

23-0130 Disclaimer Assumption of Risk

ELA Version: 35478

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:

I ACKNOWLEDGE THAT PARTICIPATION IN SOCCER NECESSARILY INVOLVES TRAVEL, PLAY IN ADVERSE FIELD CONDITIONS, CONTACT WITH CONSIDERABLE FORCE, AND RISK OF SEVERE, PERMANENT PHYSICAL INJURY INCLUDING BRUISES, SCRAPES, STRAINED, SPRAINED OR TORN MUSCLES, TENDONS OR LIGAMENTS, BROKEN BONES, DISLOCATION OF JOINTS, CONCUSSION, BRAIN DAMAGE, NERVE AND SPINAL CORD INJURY, PARALYSIS AND DEATH. I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (THE TERM RELEASEES IS DEFINED BELOW.). I AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION OR CONTINUED PARTICIPATION AND, IF THE PARTICIPANT (PLAYER) OR I OBSERVE ANY CONCERN IN PLAYER'S READINESS FOR PARTICIPATION IN PRACTICES, GAMES OR OTHER ACTIVITIES (EVENTS), I WILL REMOVE PLAYER FROM PARTICIPATION AND IMMEDIATELY BRING SUCH CONCERN TO THE ATTENTION OF THE NEAREST OFFICIAL AND THE REGIONAL COMMISSIONER AS SOON AS POSSIBLE.

I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS, TO THE FULLEST EXTENT PERMITTED BY LAW, THE AMERICAN YOUTH SOCCER ORGANIZATION (AYSO), ITS PLAYERS, EMPLOYEES, VOLUNTEERS, OFFICIALS, SPONSORS AND OTHER REPRESENTATIVES AND ALL OWNERS, LESSORS, LESSEES OR OTHER PERSONS OR ENTITIES ALLOWING THE USE OF FACILITIES BY AYSO AND THE AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS OF SAID PERSONS OR ENTITIES (RELEASEES) FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, COSTS, EXPENSES AND COMPENSATION ARISING OUT OF OR IN ANY WAY RELATED TO A LOSS, INJURY OR OTHER DAMAGE TO PLAYER OR TO MEMBERS OF MY FAMILY OR MY HOUSEHOLD OR INDIVIDUALS I INVITE OR FOR WHOM I AM OTHERWISE RESPONSIBLE, OR TO THEIR PROPERTY, WHILE PARTICIPATING IN OR PRESENT AT ANY OF THE EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I ACKNOWLEDGE THAT AYSO IS PRIMARILY ADMINISTERED BY VOLUNTEERS RATHER THAN PAID PROFESSIONALS.

I ACKNOWLEDGE AND AGREE THAT THIS WAIVER AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE IN WHICH WE LIVE AND AGREE THAT IF ANY PORTION OF THIS WAIVER AGREEMENT IS DEEMED TO BE INVALID, THE REMAINDER WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT. ACKNOWLEDGEMENT AND CONSENT:

I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available on-line at <http://www.ayso.org>, as may be amended from time to time, and

either I have read and understand the terms or I will do so before Player participates in any Events. For internal and external use, AYSO may obtain, compile and use contact information, soccer photographs and audio visual recordings of Player consistent with the AYSO Privacy Policy set forth at <http://www.ayso.org>, as may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

On behalf of myself, or Player (if Parent), and all members of my family or child's family, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at <http://www.ayso.org>, as may be amended from time to time, and all decisions and directions of the Regional Board, Area and Section staff, and the National Board of Directors, and agree that Player or any member of Players family may be removed from the program at any time with or without cause. I represent that Player has not been convicted of any crime nor does Player have any known condition that might pose undue risk to other participants.

I HAVE READ THE AGREEMENTS SET FORTH HEREIN AND I FULLY UNDERSTAND THE TERMS OF EACH AND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO SAID TERMS. I SIGN THIS FORM FOR MYSELF AND, IF PARENT, ON BEHALF OF PLAYER AND MEMBERS OF PLAYERS FAMILY, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. I ALSO AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM CHANGES.

Emergency Treatment Authorization

In an emergency, I hereby authorize each of the Coaches, Volunteer Team Parents, or other Officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them to consent to medical, surgical or dental examination and/or treatment. I SIGN THIS FORM ON BEHALF OF MYSELF AND PLAYER AND AGREE VOLUNTARILY AND WITHOUT INDUCEMENT.

Refund Policy

The National Player Fee (\$20 as of MY 2022) and the Sports Connect transaction fee (\$2.75 as of MY 2022) is non-refundable. The other fees you have paid for registration are fully refundable until the earlier of the first scheduled event, which may be the first practice, first day of a clinic, first game, or other final commitment date as defined by the Region. The amount and timing of the refund after the first event is specified by the Region and included in your confirmation of registration.

Consent to Electronic Signatures

I agree to use an electronic signature and that any physical or electronic copy of this registration form and its attachments can be used as if it was an original.