



International Youth Soccer Training

Player Liability Release Form

By my signature (s) below, I certify and confirm that I am the legal guardian or parent of a player ("**Player**") who desires to participate in the International Youth Soccer Training ("IYST") Summer Soccer Academy, (the "**Academy**"). As a parent or legal guardian, and individually,

I acknowledge that Player's participation in any activity at the Academy, involves a risk of injury to Player. As a parent or legal guardian for Player, and despite such risk, I expressly assume that risk of injury to Player, a minor child, and to induce IYST and its representatives to permit the Player to participate, I enter into this Agreement, and I agree and confirm the following: (1) the Player is physically fit and able to participate in all respects in the Academy; and (2) I hereby release, and agree to fully indemnify and hold IYST and the IYST's coaches, members, directors, officers, employees, staff, volunteers, vendors, insurers, attorneys, and agents ("**Indemnities**") hold harmless, from any and all claims, demands, actions, causes of action, losses, damages, or liability (including, without limitation, all expense of litigation, court costs, and attorneys' fees) for any injury to or death of the Player or to any other person whatsoever. Without limiting the scope of the foregoing, this Release and Indemnity Agreement specifically includes any and all claims in any way arising out of or related to Player's participation in the Academy, including, without limitation, any participation in any activity during the Academy, and any claims for medical expenses, pain and suffering, physical disfigurement, mental anguish, emotional distress, loss of consortium, or for lost wages, or any injury to any property received or sustained by any person or property, **EVEN IF SUCH CLAIM IS BASED ON A CLAIMED NEGLIGENT ACT OF ANY OF THE INDEMNITEES.**

Further, the undersigned agrees that IYST has no right of control or influence on the safety or security of the premises on which the Academy occurs or any person or property entering onto such premises. I understand and agree that the Indemnities, collectively or individually, do not assume any financial responsibility for any medical services and/or treatment incurred by Player, or the undersigned for Player, or provided by any hospital, physician, or any other health care provider to the Player.

Further: (i) I hereby certify that the Player is covered for illness and/or injury by medical insurance I understand and agree that the Indemnities, collectively or individually, do not assume any financial responsibility for any medical services and/or treatment incurred by Player, or the undersigned for Player, or provided by any hospital, physician, or any other health care provider to the Player. Further: (i) I hereby certify that the Player is covered for illness and/or injury by medical insurance provided by:

Name of insurance company: _____

Address of Insurance Co: _____ Policy Number: _____

(ii) if I did not complete (i) immediately above, I hereby certify that the Player is not covered by medical insurance and I agree that I am fully responsible in all respects, including, without limitation, any financial obligations, for any medical services / treatment rendered for illness / injury suffered by the Player before, during, or after the Academy. **I AM SIGNING THIS AGREEMENT IN MY INDIVIDUAL CAPACITY AND ON BEHALF OF THE MINOR CHILD (THE PLAYER) NAMED ABOVE, OF WHOM I AM A PARENT OR LEGAL GUARDIAN.** (If this document is signed by two persons, each agrees that they are jointly and severally responsible for the obligations stated herein.)

Signature of Parent or Guardian

Date

Print Name