WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR KIDS’ SOCCER

Boston Ethiopians Sport Club

Start Date

June 29, 2024

WAIVER AND RELEASE OF LIABILITY AGREEMENT FOR KIDS SOCCER

I, the undersigned, being the parent or legal guardian of \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (hereinafter referred to as “the Participant”), do hereby acknowledge that the Participant has my permission to participate in all soccer activities organized by Boston Ethiopian Sport Club.

I acknowledge and fully understand that the Participant will be engaging in activities that involve risk of serious injury which might result not only from their own actions, inactions, or negligence but the action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, I accept personal responsibility for the damages following such injury.

In consideration for allowing the Participant to participate in the activities of the Club, I, on behalf of the Participant, myself, and any other parent or legal guardian of the Participant, hereby release, waive, discharge, and covenant not to sue the Club, its affiliated organizations, directors, agents, coaches, and other employees of the Club, from any and all claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the Club or otherwise.

I understand and acknowledge that the Participant must abide by all rules and regulations of the Club, and that the failure to do so may result in the Participant’s disqualification from further participation.

I also acknowledge that I have read and understand this waiver and release of liability in its entirety and agree to its terms and conditions on behalf of the Participant, myself, and any other parent or legal guardian of the Participant.

I certify that the Participant is in good health and able to participate in all activities associated with the Club. Furthermore, I confirm that there are no medical or physical conditions that could jeopardize the Participant's safety during these activities. Parents or guardians must be present for the duration of their child's soccer activities.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medical Conditions (if any): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you for your cooperation and understanding.

Sincerely,

Esyas ketema

Club Secretary

Boston Ethiopian Soccer Club

Bostonethiopiansc@gmail.com