



## FC GOLD PRIDE ACADEMY RELEASE AGREEMENT

I voluntarily give permission for \_\_\_\_\_ to participate in FC Gold Pride Academy programs. I acknowledge that the participant identified above has private medical insurance and is in good physical health to participate. I acknowledge the danger involved, and agree to accept any and all risks. I hereby authorize the FC Gold Pride Academy staff to act accordingly in their best judgment in any emergency requiring medical attention and I hereby waive and release FC Gold Pride Academy and all of its respective affiliated persons and entities, divisions, members, partners, investors, owners, officers, directors, employees, shareholders, attorneys, agents, representatives, and successors, and assigns and relatives from any and all liability for any injuries and illness while at the FC Gold Pride Academy training. Care may be given under whatever conditions are necessary to preserve life, limb, or well-being of me or my dependant.

I, as the participant or the parent/legal guardian of the player, a minor, agree that I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the Bay Area Women's Soccer, LLC (BAWS) Parties, and their respective directors, officers, employees, agents, and representatives and the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages, causes of action arising out of or in connection with the player's participation in the Programs, or the negligence or other acts of any BAWS Representative in the course of my participation in FC Gold Pride Academy programs. I hereby release BAWS and BAWS Representatives from all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, agents, and legal representatives now have or may hereafter have for injury or damage resulting from my/my dependent's participation in FC Gold Pride Academy programs.

I HAVE CAREFULLY READ THIS RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND BAWS AND I ACCEPT IT OF MY OWN FREE WILL.

By signing this document I indicate my acceptance of this waiver.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

If Participant is a minor:

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Relationship to Participant

\_\_\_\_\_  
Date