

**RELEASE OF LIABILITY, ASSUMPTION OF RISK, HOLD HARMLESS, AGREEMENT TO INDEMNIFY AND NOT TO SUE
FOR MINOR'S PARTICIPATION IN BAY UNITED SOCCER CLUB**

I hereby give my consent for the below named minor ("Minor") to participate in the activities of Bay United Soccer Club ("BUSC") during the _____ season ("BUSC Program") and agree to the following Release of Liability, Assumption of Risk, Hold Harmless, Agreement to Indemnify and Not To Sue for Minor's Participation in BUSC (the "Release"):

1. Individually, and as parent or legal guardian of Minor, I understand that the minor's participation in the BUSC Program involves potential personal risks that may result from, but not limited to, strenuous physical exertion, heat exposure, physical contact, dietary restrictions, and dehydration. Resulting injuries may be serious or minor, including but not limited to, head or neck injuries, loss of sight, broken bones, brain damage, paralysis, and death.
2. I specifically acknowledge Minor has the following medical condition(s): _____
_____. Said medical condition(s), if any, creates an additional risk to the Minor for which I have consulted with a medical physician and/or I have considered the further danger and threat to Minor associated with said medical condition(s) that may arise from or be related to the rigors of competitive travel soccer*.
3. I hereby certify that (1) I know Minor's state of health and physical and mental well-being, (2) that Minor is physically and mentally fit to participate in the BUSC Program, unless otherwise specified herein, and (3) Minor has/will have health insurance while participating in the BUSC Program.
4. I expressly acknowledge that I understand all policies, rules and regulations of the BUSC Program and I will ensure that Minor understands and agrees to abide by all policies, rules and regulations of the BUSC Program.
5. I individually as parent or legal guardian of minor and, to the extent permitted by law, on behalf of minor, expressly assume all risks of injury and/or death associated with, arising out of or related to Minor's participation in the BUSC Program. I expressly understand that BUSC, its coaches and any party contracting with BUSC assume no responsibility for the Minor's negligence or willful misconduct, or that of others.
6. I individually, as parent or legal guardian of Minor and, to the extent permitted by law on behalf of Minor, hereby release, discharge, and agree not to sue or be a party to any legal action against BUSC, its officers, coaches, volunteers, and representatives and further agree to defend, indemnify and hold harmless the BUSC, its officers, coaches, volunteers, and representatives, for any loss, damage or injury associated with, caused by, or related to the Minor's participation in the BUSC Program.
7. I individually, as parent or legal guardian of Minor and, to the extent permitted by law on behalf of Minor, agree that this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue is to be as broad and inclusive as is permitted by the laws of the State of Florida and that if any portion of it is held invalid, it is agreed that the balance shall continue in full force and effect.
8. I understand that by signing this Release, the terms of this Release are legally binding on me, Minor, our respective heirs, personal representatives, relatives and assigns, and that I am giving up both my and Minor's legal rights and remedies which otherwise would be available to me and/or Minor, our heirs, personal representatives, relatives or assigns against BUSC.
9. I have carefully read this Release and I fully understand it and appreciate the risks involved with Minor's participation in the BUSC program. I am of legal age and voluntarily sign this release of liability, assumption of risk, hold harmless, agreement to indemnify and not to sue. Please initial to indicate whether you are the parent or legal guardian of the minor. (____) Parent (____) Legal Guardian

Dated this ____ day of _____, 20__.

Print Minor's Name ("Minor")

Parent or Legal Guardian's Signature

Address

Print Name of Parent or Legal Guardian

*If Minor has a documented medical condition, BUSC reserves the right to require a treating physician of Minor to certify Minor's physical fitness to participate in BUSC program.