

Please bring this form to the first day of league play.



Winter Futsal League WAIVER OF LIABILITY

Participant's Name: _____

Participant's Age /Club/Team: _____

AUTHORIZATION

I certify that my child is in good health and may participate in strenuous physical activities inherent within the game of futsal. I certify there are no physical limitations to my child's participation in the SOL Soccer Winter Futsal League. I understand there are risks involved with my child's participation in sports and playing in the SOL Soccer Winter Futsal League. I hereby authorize the coaching staff of SOL Soccer, LLC, to act on my behalf according to their best judgment in any emergency requiring medical attention. I hereby release and forever discharge SOL Soccer, LLC, and all its employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by my child in connection with his/her participation in the league. I hereby release and forever discharge the Gesher Jewish Day School, its officers, employees, and Board of Directors from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/ or other loss suffered by my child in connection with his/her participation in the SOL Soccer Futsal League.

Parent/Guardian Signature: _____

Date: _____