



LIABILITY WAIVER FORM

APRIL 28-30, 2017

In consideration of my, or my child or ward's, participation in the above-referenced Event, I agree to assume the risks incidental to such participation and use (which risks may include, among other things, muscle injuries and broken bones). On my own or my child or ward's behalf, and on behalf of my or my child or ward's heirs, executors, administrators, and next of kin, I hereby release, covenant not to sue, and forever discharge AFC Lightning Soccer Club, Fayette County Youth Soccer League, Peachtree City Youth Soccer Association, Fayette County Parks and Recreation, The City of Peachtree City, together with their parent, subsidiary, affiliated and related entities of each of them, and the officers, directors, employees, and volunteers of any of them, as well all Event sponsors or charities, and each of their parent, related and affiliated companies, and the officers, directors, employees, agents, Board of Supervisors, representatives, successors, and assigns of each of the foregoing entities (collectively, the **"Released Parties"**), of and from all liabilities, claims, actions, damages, costs, or expenses of any nature arising out of or in any way connected with my or my child or ward's participation in such activities, and further agree to indemnify and hold each of the Released Parties harmless against any and all such liabilities, claims, actions, damages, costs, or expenses including, but not limited to, all attorney's fees and disbursements up through and including any appeal. I understand that this Release and Indemnity Agreement includes any claims based on the negligence, action or inaction of any of the above Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before or after such participation.

I declare that I, or my child or ward, are physically fit and have the skill level required to participate in this particular Event. I further authorize medical treatment for myself, or my child or ward, at my cost, if the need arises. I also understand that my child or ward or I may be required to leave the Event venue should my child or ward or I exhibit undesirable conduct.

I further grant the Released Parties the right to photograph and/or videotape me or my said child or ward and further to display, use and/or otherwise exploit my or my said child's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online webcasts, television, motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event results and standings, and distribution of my contact information, including my e-mail address, to third parties for promotional purposes, or for any other purpose whatsoever, without compensation, reservation or limitation. The Released Parties are, however, under no obligation to exercise said rights herein granted.

I certify I am 18 years of age or older and if I am executing this Waiver and Permission Form on behalf of my child or ward, the information set forth above pertaining to my child or ward is true and accurate.

Team Name: _____

Age Group and Gender: _____

	Player's Name	Jersey #	Parent/Guardian's Signature	Date
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