

Parental/Guardian Release Agreement_Soccer

Parental/Guardian Release Agreement

Description

I do certify that I have knowledge of my child's physical condition and state of health and give my permission for my child, as identified above, to engage in the soccer program sponsored by the City of Foley. I do further certify that my child has no physical defects, disease, or other disability that may in any way jeopardize his/her health or physical condition if he/she is allowed to take an active part in this soccer program. I hereby agree to indemnify and hold harmless the employees of the City of Foley, the Officials, Coaches, and any Other Person affiliated with the City of Foley Soccer program for any injury, accident, or mishap that may befall my child while participating in any phase or aspect of the City of Foley Soccer program, or while being transported to or from clinics, games, and practices. I give my permission for my child to participate as a member of the team to which he/she is assigned. Participation in this program constitutes permission to use likeness in promotional materials. I also certify that the date of birth listed above is correct.

The undersigned has read and understands all of this document as evidenced by his/her signature.

Signature (Required): _____

Date (Required): _____