

**German Soccer Academy Release of Liability Waiver / Inherent Risk and Participation Agreement**  
***PLEASE READ CAREFULLY!***

In consideration of being allowed to participate in the German Soccer Academy program, I have read and acknowledge that:

Soccer is an exciting sport that often involves forceful contact with the ground or another player. The sport is also often played during hot, humid sessions. Because of these conditions inherent to the sport, participating in soccer exposes an athlete to many risks of injury. Those injuries include, but are not limited to, death; paralysis due to serious neck and back injuries; brain damage; damage to internal organs; serious injuries to the bones, ligaments, joints and tendons; heatstroke; and general deterioration of health. Such injuries can result not only in temporary loss of function, but also in serious impairment of future physical, psychological and social abilities, including the ability to earn a living.

In an effort to make the sport of soccer as safe as it can be, the coaching staff will instruct players concerning the rules of soccer and the correct mechanics of all skills. It is vital that all athletes follow the coaches instructions, training rules and team policies to decrease the possibility of serious injury.

- 1) The German Soccer Academy does not maintain health insurance for the participants involved in this program.
- 2) I knowingly and freely assume all such risk for myself and/or child.
- 3) I release and hold harmless and promise to waive future legal action against the German Soccer Academy, the City of San Diego, partnering agencies, or any of their respective officers, agents or employees with respect to any and all injury, paralysis, death or loss except that injury or loss which results from gross negligence or willful or wanton misconduct of one of those individuals or organizations.
- 4) I agree to inform my child that he/she must follow the code of ethics for participants, all safety rules, as well as any others given at the clinics and camps.
- 5) I hereby authorize and give consent for medical care to be given in an emergency situation to my child while he/she is participating in the G.S.A. clinics.
- 6) This agreement is binding on my spouse, heirs, next of kin and personal representatives.

School: \_\_\_\_\_ For School Year 20 \_\_\_\_\_ / 20 \_\_\_\_\_

Name: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

After the soccer program ends, child will be (circle one): **picked up** or **taken to After-School Care Program**

E-Mail Address: \_\_\_\_\_

**Parents Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Emergency Contact Name** \_\_\_\_\_ **Phone** \_\_\_\_\_