L.A. SALSA Soccer Club Waiver & Release of Liability	
I,(player name) understand that the SALSA Soccer Club competitive soccer training and games.	ere are risks involved with my participation in the L.A.
I,	ree to accept all medical expenses incurred. I know of no afely participate in these training sessions and games. I
strenuous physical activities. I certify that there are no physical activity. Permission is granted for me to receive emergency discharge the L.A. SALSA Soccer Club and all their age liability, claims, demands, and cause of action for person suffered by me in connection with my participation in socce Release and Waiver is intended to be binding on the family, minor named above. I further acknowledge and accept that inclusive as permitted by the laws of California and agree that remainder will continue to be in full force and effect. I agree to all of its terms.  I hereby grant permission to the L.A. SALSA Soccer Club. at behalf, to use any picture, video or audio recording of me ta	medical treatment if needed. I hereby release and forever nts, employees and affiliated entities from any and all all injury or death, property damage, and/or other loss cer related activities. I acknowledge and accept that this estate, heirs, executors, administrators and assigns of the this Release and Waiver is intended to be as broad and at if any portion of this Release and Waiver is invalid, the e that this Release and Waiver binds the minor and/or me and its legal representatives, assigns, and those acting on its ken in connection with any soccer related activity for all
manner of advertising, trade, promotion, exhibition, or any of in any form or medium.	her lawful purpose related to youth soccer whatsoever and
I hereby release the L.A. SALSA Soccer Club / all L.A SA Soccer Association – South, its member leagues, teams, ag responsibility for any claim, damage or legal action on personal representatives, arising from any injury the play activities, including transportation, except to the extendaction Reimbursement Plan.	gents, officers, coaches and players from all liability or behalf of the player or the player's parents, heirs, or yer may sustain while participating in soccer or related
Players Full Name (Print)	
Player Signature (If over 18 years old) & date	Email and Phone
Parent/Legal Guardian Print (If player is under 18 y	rs old) Parent Signature & Date

Email:\_\_\_\_\_

Phone: