



LUFC Participation Wavier

This form must be completed for each soccer player (participant) and, if player is under 18-years old, must be signed by the player's parent or legal guardian. No player will be allowed to participate in any LUFC matches during the season without this form, properly executed, and on file with the LUFC.

In signing this waiver, I am acknowledging that my participation is entirely voluntary. I also acknowledge that participating involves risk of injury or illness, including but not limited to COVID-19. As a condition of participating I agree to hold harmless and covenant not to sue the LUFC, the Directors & Officers of the LUFC, my Team, Officers of my team, and my Team Coaches and Trainers.

In signing this wavier I also acknowledge that I have read COVID-19 Safety Protocols, and will abide by the safety protocols, including (but not limited to) understanding that I should not participate if I am living at home with a vulnerable relatives or other individuals with underlying health conditions.

I, the undersigned, in consideration for my voluntary participation in LUFC Trainings and Matches, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

Soccer is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in all LUFC activities. I am in proper physical condition to participate in all LUFC activities and have no illness (including but not limited to COVID-19), disease or existing injury or physical defect that would be aggravated by my participation or would put others participating at risk. I will inform my coaches if this status changes.



I further acknowledge that my participation may involve loss or damage to me or my property, injury, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I will wear shin-guards, properly fitted and appropriate shoes, and I will wear a mask when sitting on the team bench.

I understand that I should have a current, active, personal injury insurance policy in force, which covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation, and while traveling to and from trainings and matches. I have the right and responsibility to inspect the equipment and facilities prior to the sessions and, if I believe that anything may be unsafe, I will advise my coaches and the club staffs of the condition and may refuse to participate. Participation assumes consent and assumption of all risks.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue LUFC, the Directors & Officers of the LUFC, my Team, Officers of my team, and my Team Coaches and Trainers, from any and all liability incurred in the conduct of, and my participation in, the LUFC trainings and matches. I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting and executing this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.



Participant Name

First Name: _____

Middle Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

Participant Date of Birth

Month: _____ **Day:** _____

Year: _____

Participant Signature: _____



If player is under 18 years old Parent or Guardian's Information

First Name: _____

Middle Name: _____

Last Name: _____

Phone Number: _____

Email Address: _____

Parent or Guardian Signature: _____