

Agreement, Waiver, and Release Of Liability for Coach Gavin's Soccer Training

By signing this Agreement, Waiver, and Release Of Liability (the "Agreement") for Coach Gavin's (as defined below) Soccer Training (as defined below), I acknowledge and agree that I want and desire my child to be a participant in Soccer Training with Coach Gavin and have agreed to pay Coach Gavin the agreed to amount for the Soccer Training.

Additionally, I understand and acknowledge that Soccer Training involves risks and dangers of accidents and injury which may or may not be foreseeable at this time. As a condition of, and in consideration of, my child being allowed to participate in training, program, camp, or other soccer or physical fitness related activities (collectively, "Soccer Training") organized, supervised, directed, conducted, or otherwise run by Gavin Carlin, Good Lad Soccer, or both (collectively, "Coach Gavin"), I hereby waive, release, and discharge Coach Gavin, his assistants, and agents (collectively, "Coach Gavin and Assistants") from any claim or cause of action against Coach Gavin and Assistants which would accrue to my minor child for personal injury, including death, and property damage resulting from an inherent risk in participation in Soccer Training. These risks include dangers or conditions, known or unknown, which are characteristic of, intrinsic to, or an integral part of Soccer Training including but not limited to the failure by the activity provider to warn the natural guardian or minor child of an inherent risk and the risk that the minor child or another participant in Soccer Training (other than Coach Gavin and Assistants) may act in a negligent or intentional manner and contribute to the injury or death of the minor child.

Further, I hereby give my consent to have my child rendered aid or treated by emergency medical personnel, a physician, or surgeon, in case of illness or injury while participating in Soccer Training with Coach Gavin and Assistants, while also acknowledging that Coach Gavin and Assistants have no duty or obligation to provide care for such illness or injury other than to immediately contact emergency personnel. It is understood that the Coach Gavin and Assistants provide no medical insurance for such treatment or care, and that the cost thereof will be solely at my expense.

Moreover, I authorize Coach Gavin to publish the photographs taken of me, my child, or both, and our names, for use in the Coach Gavin's website and other advertising of Coach Gavin's Soccer Training. I release Coach Gavin from any expectation of confidentiality for myself and my child and I acknowledge that since participation in publications and websites produced by Coach Gavin is voluntary, neither the minor children nor I will receive financial compensation. I further agree

that participation in any publication and website produced by Coach Gavin confers no rights of ownership whatsoever.

NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF COACH GAVIN USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM COACH GAVIN IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND COACH GAVIN HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

I have read and understood this Agreement and agree to all of its terms and conditions. I attest that I am the parent or legal guardian of the child or children listed below and that I have the authority enter into this Agreement on behalf of myself and my child. I hereby consent to my child participating in Soccer Training with Coach Gavin and Assistant based on the terms of this Agreement.

Player Name & Age: _____

Player Name & Age: _____

Player Name & Age: _____

Date: _____

Parent/Guardian Signature
for the above-named players/participates

Print Name