



AYSO UNITED ANTIETAM

WAIVER OF LIABILITY PLAYER NAME	
In return for my child,	
I certify that the participant is in excellent physical health and may participate in strenuous and hazardous physical activities, including the activities to be played in the Tryouts. Permission is granted for participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of Participants participation in the Tryouts and all related activities. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Tryouts are taking place and agree that if any portion of the agreement is invalid, that the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in the state of Maryland.	
I am the parent or legal guardian of the Participant. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies. I represent that I am parent/legal guardian of the child named above, and agree that the terms of this release are binding on me and the Participant.	
Parent/Legal Guardian Sign:	Print:
Liability Clause I/we the Parents/legal Guardian of the above named Participant in the AYSO UNITED ANTIETAM (ANTIETAM UNITED) Tryouts hereby give my/our approval to their participation in any and all activities during the season. I/We assume all risks and hazards incidental to such participation, including transportation to and from all activities. I/We hereby waive, release, absolve, indemnify and agree to hold harmless the AYSO UNITED ANTIETAM (ANTIETAM UNITED) Tryouts, its organizers, sponsors, supervisors, board members, other participants, and any persons transporting the Participant, except the extent and in the amount covered by accidental or liability insurance.	
Consent I/We by signing below authorize AYSO UNITED ANTIETAM (ANTIETAM UNITED) Tryouts to input the above named Participants information into the AYSO UNITED ANTIETAM (ANTIETAM UNITED) Tryouts database. I/We understand that this information may have to be sent electronically and I/We will not hold AYSO UNITED ANTIETAM (ANTIETAM UNITED) Tryouts responsible for the security of such transmission.	
Parent/Legal Guardian Sign:	Print:
Date: Verified By:	