## Permission/Waiver Form

Name of Child (please print)	
Name of Parent/Legal guardian (please print)	
Functions and Activities It is my understanding that participating in the programs and recreational and other activities of Garden Spot Youth Soccer Club (GSYSC) is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with the activities, including, by way of example physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.	,
Release of Liability  By signing this Permission/Waiver Form, I expressly warrant that the child named above or I, if I am participant, am capable of withstanding both the physical and mental demands of the activities discussed above. I also expressly assume all risks of the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release GSYSC and its officer directors, leaders, volunteers, and agents from any claim that my child may have or that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or m family or estate, heirs, representatives, or assigns may have against GSYSC officers, directors, volunteers, or agents.  I further agree to indemnify and hold GSYSC officers, directors, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.	rs, S.
Emergency Contact Information (include name, phone# and relationship to participant)  1)	
Parent/Guardian Signature Date	