



Lions Soccer
Coaching

Registration & Waiver for Soccer Classes:

Name of Child (Participant):

Child's Date of Birth:

Class Day of Week / Time / Location:

Parent/guardian Name:

Parent/guardian Email:

Parent/guardian Phone:

Waiver of Liability:

I have read the Terms and Conditions listed below. In the event of an emergency, I authorize the administering of medical care at the nearest facility for my child listed on this form. By selecting "I accept", I understand that I may not hold Coach Phil Bishop, Lions Soccer Coaching, or any affiliates responsible for any injuries or loss that may occur during soccer classes or camps.

I ACCEPT. Please print and sign:

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COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree that: I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS Lions Soccer Coaching, its directors, coaches and/or employees, associated personnel, other participants, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any ILLNESS, INJURY, DISABILITY OR DEATH I may suffer, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law. This is to certify that I, as parent/guardian with legal responsibility for this Participant, do consent and agree to his/her release as provided above of all the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

I ACCEPT. Please print and sign:

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Please list any important medical considerations, allergy information, or comments:

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