

Player _____

D.O.B. _____



MAF/Bolts Soccer Academy

Owner: Manny Fernandes

617-905-008

mafsocceracademy@icloud.com

This form must be completed for each soccer player (participant) and, if the 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 MAF Academy, clinics or tournament games without this form, properly executed, and on file.

In consideration of my child being allowed to participate in any way in the soccer programs and activities of MAF Academy, US Youth Soccer and its members (e.g. Massachusetts Youth Soccer Association and its member organizations), and their related events and activities (the "Programs"), the undersigned, acknowledge, appreciate, and agree that:

My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to the league or tournament, knowing that players may be dismissed from participation, with possible loss of payment or dues, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise. I understand that payment for programs, tournaments and other MAF sponsored events once received shall not be refunded.

The risk of injury and illness from the activities involved in the Programs is significant, including (without limitation) the potential for injury or illness – in particular and not by way of limitation, risks of exposure, directly or indirectly, arising out of, contributed to or by, or resulting from any infectious or communicable disease, including (without limitation) the current or any future outbreak of the novel coronavirus (COVID-19) and/or any mutation or variation thereof – and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury or illness does exist. I knowingly and freely, for myself and on behalf of my child, assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my and my child's participation in the Programs.

I consent to my child participating in the Programs.

I 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, both in practices and games and while travelling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach or supervisor of the condition and may refuse to participate. Participation assumes consent.

I, for myself and on behalf of my child, and our respective heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless US Youth Soccer, MAF Academy, its member organizations (e.g. Massachusetts Youth Soccer Association and its member organizations), and their respective directors, officers, employees, agents, associated personnel, volunteers, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of fields, facilities and premises utilized for the Programs (collectively, the "Releasees"), with respect to any and all injury, illness, disability, death or loss or damage to person or property associated with my or my child's presence at, or participation in the Programs, including being transported to or from the Programs, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I hereby authorize the transportation of my child to or from the Programs.

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My child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice attached to this release setting forth any specific issue, condition, or ailment that my child has that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and treatment.

When necessary, I understand that an uploaded or provided photo will only be used for printing on a credential (i.e., ID, Pass Card, Roster) and will not be used for any other purposes without express consent. I consent to MAF, Massachusetts Youth Soccer and its affiliates taking photographs, video recordings, and/or sound recordings in documenting the activities of Massachusetts Youth Soccer's programs and services. I hereby grant MAF and Massachusetts Youth Soccer and its affiliates' permission to use the negatives, prints, motion pictures, video recordings, audio recordings, or any other reproduction of the same for MAF, Massachusetts Youth Soccer and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications.

My child and my child's parents and guardians will abide by the rules, policies, procedures and protocols as provided by U.S. Youth Soccer and members of U.S. Youth Soccer, including MAF, Massachusetts Youth Soccer and all affiliated member organizations.

I understand and give permission for my child to participate in practices and games where they may be on the field with players of younger or older ages. I understand and accept there may be risks involved when playing with players of different ages. I am aware that if I do not accept such risks I may remove my child from the field.

I have read this release of liability and assumption of risk agreement, and fully understand its terms. I understand that I have given up substantial rights by electronically signing this document, and I sign it freely and voluntarily without any inducement. I hereby waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

ADDRESS: _____ _____	Home Phone: _____ Cell Phone: _____ Email: _____
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For those individuals eighteen (18) years of age and older:

Participant (Print)	Participant Signature	Date
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For those individuals under the age of eighteen (18) years (minor):
As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent/Guardian (Print)	Parent/Guardian Signature	Date
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