



General Release & Liability Waiver for Concussion Headgear

Player First Name (legal name) _____

Player Last Name (legal name) _____

Parent(s)/Guardian(s) _____

Home Address _____

City: _____ State: _____

Home Phone _____

Mobile Phone _____

Email Address _____

Gender Male Female

Date of Birth _____ (MM/DD/YYYY)

Current WAYS Team _____

Current Coach _____

General Release & Liability Waiver for Concussion Headgear

In consideration of utilizing concussion headgear made available by the Watertown Association for Youth Soccer (WAYS) while participating in WAYS, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

I understand that soccer is a physical and dangerous sport and there are inherent risks involved in playing soccer, including my participation in the Watertown Association for Youth Soccer (WAYS), which may include the risk of serious physical injury and death. In participating in WAYS, I fully assume all such risks associated with the WAYS, including, but not limited to engaging in intense physical activity and exertion, and the causation or aggravation of a physical injury or medical condition, which may be caused by fouls, contact with other individuals, the ball, turf, equipment, goals, nets, walls, goalie gloves, sneakers, cleats, shin guards, braces, and headgear.

I agree to return the concussion headgear in the same condition as it was issued by WAYS. I understand and agree that I may be charged if the equipment is lost, stolen, damaged, or not returned to WAYS immediately upon the conclusion of the season. Upon return, the equipment will be inspected for damages, etc. I agree that my signature attests that I have read, understand, and agree to the terms and conditions of this agreement.

I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, the Watertown Association for Youth Soccer (WAYS), their associated Board of Directors, administrators, officers, managers, employees, coaches, trainers, volunteers, sponsors and advertisers, and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their soccer programs while utilizing the concussion headgear made available by WAYS. I assume all risks and hazards associated with my participation in this sport while

utilizing this concussion headgear. Additionally, this release is for any and all liability for personal injuries and property losses or damage in connection with the possession or use of this specific equipment.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

For those individuals eighteen (18) years of age and older:

_____	_____	_____
Participant's Name (PRINT)	Participant's Signature	Date Signed

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.

_____	_____	_____
Participant's Name (PRINT)	Participant's Signature	Date Signed

This document is required to be signed and turned in prior to accepting a concussion headband from the Watertown Association for Youth Soccer (WAYS).