



Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of being allowed to participate in athletic programming, sanctioned activities and events (collectively, the “Sanctioned Activities”) held by or connected with West Valley Soccer League (dba **LAFC So Cal Youth**), including its successors or assigns (“**LAFC So Cal Youth**”), or any association to which **LAFC So Cal Youth** belongs, including but not limited to the California State Soccer Association-South (Cal South), Elite Clubs National League (ECNL), Southern California Developmental Soccer League (SCDSL) and US Club Soccer, I for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge and covenant not to sue, LAFC So Cal Youth, its officers, employees, and agents from liability from any and all claims including the negligence of LAFC So Cal Youth, and or its officers, employees and agents,** resulting in personal injury, accidents or illness (including death), and property loss arising from, but not limited to participation in Sanctioned Activities.

Signature of Parent/Guardian of Minor

Date

Name of Minor (Print)

Date of Birth

Assumption of Risks: Participation in Sanctioned Activities carry with them, certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains, 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, 3) catastrophic injuries including paralysis and death to (4) possible exposure to and illness from infectious diseases including, but not limited to, Methicillin-resistant Staphylococcus aureus (MRSA), influenza, and COVID-19.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in Sanctioned Activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. Further, I willingly agree to comply with the LAFC So Cal Youth Return to Play Plan so long as it remains in effect, as well as all other stated and customary terms and conditions for participation in Sanctioned Activities as regards to the protection against infectious diseases or other risks.

Indemnification: I also agree to INDEMNIFY AND HOLD LAFC So Cal Youth, its officers, employees and agents HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my involvement in Sanctioned Activities and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agree that the forgoing waiver and assumption of risks is intended to be as broad and inclusive as is permitted by the law of the State of California and that if any portion thereof is found in valid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgement of Understanding: I have read this waiver of liability, assumption of risk and indemnity agreement, **fully understand its terms, and understand that I am giving up substantial rights, including my right to sue.** I acknowledge that I am signing this agreement freely and voluntarily, and **intend by signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

Signature of Parent/Guardian of Minor

Date

RELEASE AND AUTHORIZATION FOR EMERGENCY TREATMENT

I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application and I verify that the coverage information attached herewith is accurate and true.

In the case of an emergency, and I cannot be reached, I authorize the staff or agents of LAFC So Cal Youth to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.

I am the parent/guardian of the minor _____ and I am signing this Release and Authorization on behalf of said minor.

Signature of Parent/Guardian of Minor

Date