



Carson FC Liability Waiver 2025

Practice Dates: 1/1/25 through 12/31/25

Practice Days Match Days Tournament Days through December 31, 2025

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following:

We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Carson Futbol Club teams accepting the youth player's registration and participation in its games/practice sessions/tournament play/tryouts, we hereby release, discharge and/or otherwise indemnify and hold harmless the club, its affiliated organizations and sponsors, volunteers, their employees, and associated personnel, including the owners of fields and facilities utilized for the training, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the tryouts and/or being transported to or from the same, which transportation we hereby authorize.

We consent to emergency medical care prescribed by a duly licensed health care provider or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb, or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. We will adhere to our state guidelines for youth soccer by advising our son or daughter about the risks of COVID19 and how to best prevent it.

We consent to the club taking photographs, video recordings, and/or sound recordings in documenting the training, and we grant the club and its affiliates permission to use those images or recordings in its printed or online materials. We have reviewed this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to 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. We sign this release form freely of our own free will:

Player Name: _____

Player DOB: _____ Circle one: M or F

Phone Number: _____

Print Parent/Guardian: _____

Signature: _____