SOCCER TRAINING PARTICIPATION WAIVER AND RELEASE

Coach C Training
Jacob Astle and Chelsea Astle, Property Owners
North Ogden, Utah

PARTICIPANT INFORMATION

Participant Name: _____ Date of Birth: _____

Address:

_____

Phone: _____ Email:

_____

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

_____

Relationship: _____ Phone:

_____

Alternative Contact Name:

_____

Relationship: _____ Phone:

_____

ASSUMPTION OF RISK AND LIABILITY RELEASE

I understand and acknowledge that:

1. NATURE OF ACTIVITIES: Participation in soccer training activities involves physical exertion and carries inherent risks including, but not limited to, sprains, strains, fractures, concussions, heat-related illness, and other injuries that can occur during athletic activities.

2. FUTSAL SURFACE: The training facility features a futsal (hard surface) court. I acknowledge that this hard surface presents different and potentially greater risks of injury from falls, collisions, and impact compared to natural grass surfaces.

3. VOLUNTARY PARTICIPATION: Participation in training sessions is entirely voluntary, and I am freely choosing to participate or allow my child to participate.

4. NO LIABILITY INSURANCE: I understand that the facility operator does not carry liability insurance covering participant injuries.

5. RELEASE OF LIABILITY: In consideration for being permitted to participate in soccer training activities, I hereby RELEASE, WAIVE, DISCHARGE, and COVENANT NOT TO SUE Coach C Training, Jacob Astle, Chelsea Astle, their operators, coaches, employees, agents, and assigns (collectively "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by the participant while participating in such activities or while on the premises, whether caused by the negligence of the Released Parties or otherwise.

6. INDEMNIFICATION: I agree to INDEMNIFY and HOLD HARMLESS the Released Parties from any loss, liability, damage, or costs, including attorney fees, that may incur due to my participation or my child's participation in soccer training activities, whether caused by negligence of Released Parties or otherwise.

7. MEDICAL TREATMENT AUTHORIZATION: I authorize the Released Parties to obtain emergency medical treatment for the participant if necessary, and I agree to be financially responsible for any costs incurred as a result of such treatment. I release and hold harmless the Released Parties from any claims arising from the rendering of such emergency treatment.

8. PHOTOGRAPHIC/VIDEO RELEASE: I understand that photographs, videos, or other media may be taken during training sessions. I grant permission for such media to be used for promotional purposes including social media, website, and advertising materials.

☐ I DO NOT grant permission for the participant's image to be used in promotional materials.
(Check box to opt out)

DURATION AND SCOPE: This waiver covers all training sessions at this facility from the date of signature forward until revoked in writing. Participation in any session constitutes acknowledgment and acceptance of these terms.

ACKNOWLEDGMENT AND SIGNATURE

I HAVE READ THIS WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT VOLUNTARILY.

FOR ADULT PARTICIPANTS (18 years or older):

Participant Signature: _____ Date: _____

Printed Name: _____

FOR MINOR PARTICIPANTS (under 18 years):

I am the parent or legal guardian of the above-named minor. I have the legal authority to consent to this waiver and release on behalf of the minor participant.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Relationship to Participant: _____

PARTICIPANT ACKNOWLEDGMENT (for participants 7-17):

I have read or had this waiver explained to me and understand the activities and risks involved.

Minor Participant Signature: _____ Date: _____