423 N. Eastern Ave, Las Vegas, NV 89101

LIABILITY WAIVER, RELEASE & ASSUMPTION OF RISK AGREEMENT

Player Name: _____ Date of Birth: _____ Age: ____ Gender: ____

I/We, the parent(s)/guardian(s) of the player named above, understand and agree to the following:

Participation Risk: I/We acknowledge that participation in youth soccer involves physical activity that may result in injury, including but not limited to sprains, fractures, concussions, heat-related illness, or other physical harm.

Assumption of Risk: I/We voluntarily assume all risks associated with my/our child's participation in FC Vegas Academy practices, training sessions, games, tournaments, conditioning, and all related events.

Liability Waiver: I/We hereby release, waive, discharge, indemnify, and hold harmless FC Vegas Academy, its owners, directors, coaches, volunteers, staff, partners, field owners, sponsors, and anyone involved in the transportation of players from any and all liability or claims for injury, illness, accident, or damages sustained by my/our child, whether caused by negligence or otherwise.

Emergency Medical Authorization: I/We authorize FC Vegas Academy staff to obtain emergency medical treatment if necessary and understand reasonable efforts will be made to contact me/us first.

No Medical Insurance Provided: I/We understand FC Vegas Academy does not provide medical or health insurance and that it is my/our responsibility to ensure my/our child is covered.

Signature of Parent/Guardian: _____ **Date:** _____

FOR ORGANIZATION USE ONLY

Date Received: ____ / ____ / ____ **Received By:** _____