

Grays Harbor Football Club

Gulls Academy

Waiver of Liability and Medical Release

This policy must be accepted for each player and, if the player is under 18 years old, must be signed by the Player's parent or legal guardian. No Player will be allowed to participate in any way in the training or practice session, camp, game or any other activity being held by The Gulls Academy (the "Club") without this form on file.

I, the undersigned, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

1. I acknowledge that soccer is a contact sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in the Activities and have no illness, disease or existing injury that would compromise my health by my participation. I will inform my coach or other member of Club staff if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, permanent disability, or other serious unforeseen consequences.
2. I agree to wear all requested or required PPE (Personal Protective Equipment), including but not limited to, shinguards and properly-fitted and appropriate shoes when participating in Club Activities.
3. I acknowledge that the Club is not responsible for any injury that may occur. Therefore, I attest that I have a current, active, personal injury insurance policy in force, which covers my participation in any Club Activity. I am responsible for any and all medical expenses arising from my participation, including travelling to and from any Club Activities.
4. I acknowledge that I have the right and responsibility to inspect the equipment and facilities prior to the start of any Activity, and, if I believe that anything may be unsafe, I will advise the coach or other member of the Club staff of the condition and may refuse to participate with no repercussion. Participation in any Activity assumes consent.
5. I acknowledge that participating in the Activities may result in Player or Player's parent(s), legal guardian(s), family, or related parties contracting COVID-19, and do not hold the Club responsible. Further, I Agree to inform my Coach, or Club Staff if I have contracted or been directly exposed to COVID-19.
6. I authorize the Club or its representatives to provide (or arrange to be provided) emergency medical treatment deemed appropriate and necessary by any Coach, Assistant Coach or Representative/Agent of Club, appropriate to their level of training, including transport to a medical facility for treatment.
7. I authorize the Club to use my photograph, picture, likeness, or voice, without compensation, in any Club-related advertising, marketing or content in any media, including but not limited to online, print, outdoor, social media, television, or video.
8. I HEREBY RELEASE, DISCHARGE AND COVENANT NOT TO SUE THE CLUB AND ITS ADMINISTRATORS, DIRECTORS, CONTRACTORS, OWNERS, AGENTS, OFFICERS, MEMBERS, PARTNERS, VOLUNTEERS, AND

EMPLOYEES, OTHER PLAYERS, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES ON WHICH THE ACTIVITY TAKES PLACE (EACH CONSIDERED ONE OF THE "RELEASEES" HEREIN), FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION. I FURTHER AGREE THAT IF DESPITE THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, I, OR ANYONE ON MY BEHALF, MAKES A CLAIM AGAINST ANY OF THE RELEASEES, I WILL INDEMNIFY, SAVE AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION OR CLAIMS EXPENSES, ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST WHICH ANY MAY OCCUR AS A RESULT OF SUCH CLAIM.

9. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I INTEND THIS TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE NOTWITHSTANDING SHALL CONTINUE IN FULL FORCE AND EFFECT.

Player Name

Date

Player Signature

As the parent and natural guardian or legal guardian of the above signed Player, I hereby agree to the foregoing Waiver of Liability and Medical Release for, and on behalf of, the minor Player named above. I hereby bind myself, and the minor, to the terms of the Waiver of Liability and Medical Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor Player in the execution of this Waiver of Liability and Medical Release.

Parent/Guardian Name

Date

Parent/Guardian Signature