



Wayne County Sporting

Participant Accident Waiver and Release of Liability 2018-19

I acknowledge that participation in Wayne County Sporting carries with it the potential for injury. I certify that I am physically fit to participate and have not been advised otherwise by a qualified medical personal. I acknowledge that this Accident Waiver and Release Liability form will be used by the Wayne County Sporting, and that it will govern my actions and responsibilities.

Player and parent acknowledge the following:

I acknowledge that there are certain anticipatable dangers associated with participating in Club events, including participation in indoor and outdoor soccer practices, competitions, and travel to and from those practices and competitions. I assume all risk and hazard of injury to player in the course of a club event.

I acknowledge that the club does not provide or maintain insurance of any kind whatsoever, including without limitation, insurance which would cover the cost of medical, dental, or therapy arising from participation in the Club events.

On behalf of themselves and their assignees, release and hold harmless the Club from any and all liability and expense, including litigation costs and attorney fees arising out of any and all claims which Parent and/or Player may have. Parent and player also waive as to the club, and to all of their directors, officers, officials, employees, coaches, representatives and agents ("Club Affiliates"), any claim or damages Parent and/or Player may have as a result of the Parent and Player participation in a Club Event (including transportation to and from the event) and including any facilities provided directly or indirectly by the club.

I shall hold harmless and indemnify the Club, and Club Affiliates from any and all claims, liabilities, and expenses arising out of claims brought by third parties in connection with any acts or omissions of Player and/or any parent, guardian, sibling or other relative of Player, who attends and participates in a Club Event and any injury to Player him/herself.

I acknowledge that this document shall be operative as to any Club event which occurs now or in the future and in which Player is participating, regardless of teams, participants, facility or location, and that no coach or official, other than the full Michigan Rush Board, may waive or alter the terms of this document.

Player and parent have read the terms of this agreement and they understand and fully agree to the same as binding upon them, their heirs and personal representatives:

Player Name: _____

Club: _____

"Parent/Guardian" Acceptance

As a parent or guardian of the Player identified above, I have reviewed the Accident Waiver and Release of Liability form and ACCEPT the terms and conditions contained herein.

Parent/Guardian Signature: _____

Date: _____