

NEW YORK STATE WEST  
YOUTH SOCCER ASSOCIATION  
WAIVER/RELEASE FORM

We (Participant and Parent) realize playing soccer is a contact sport and a vigorous physical activity involving running, jumping, sprinting, stop and go movement, contact (incidental or real), rotation, and various other movements and activity by all Participants. We have advised **New York State West South Soccer Association ("NYSWYSA")** that Participant has a medical condition that may present a significant risk of injury or harm to Participant incidental to participation in soccer.

We understand participation in soccer involves certain inherent risk, and regardless of the precautions taken, some injuries may occur. These injuries might include but are not limited to sprains of various body joints, fractures of various bones, muscle strains and pulls, lacerations, cuts and bruises (hematomas) as well as injuries leading to blindness, paralysis, limb loss, internal bleeding or even loss of life, or injuries particular to the medical condition of the Participant.

Having read the above information, I, the Parent of the registrant, do hereby give my approval of his/her participation in any and all of the activities related to soccer during the current season. **I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO THE CONDUCT OF THE ACTIVITIES, AND I DO FURTHER RELEASE, ABSOLVE, INDEMNIFY, AND HOLD HARMLESS THE NYSWYSA, THE ORGANIZERS, SPONSORS, SUPERVISORS, VOLUNTEERS, COACHES, AND OFFICIALS, OF ANY AND ALL OF THEM. IN CASE OF INJURY TO MY SON/DAUGHTER, I HEREBY WAIVE ALL CLAIMS AGAINST NYSWYSA ORGANIZERS, THE SPONSORS, OR ANY OF THE SUPERVISORS APPOINTED TO THEM.**

Date: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Print Participant's Name

\_\_\_\_\_  
Print Parent's Name(s)

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent's Signature