

**Authorization & Waiver by Parent(s) or Legal Guardian(s) of Minor Child**

I am aware that normal and usual athletic and sports related activities have certain inherent risks and may cause injury to participants. However, I want my child to participate in the Eastern Eagles Soccer Association (the “Club”) sponsored lessons, practices, games, and exhibitions, tournaments, competitions, and other events (the “Activities”), and I give my permission and consent for my child to participate in these Activities.

I, on behalf of my child, hereby indemnify, release, hold harmless, and forever discharge the Club and its agents, employees, officers, directors, affiliates, successors, and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages, and liabilities, of every kind and nature, whether known or unknown, in law or equity, that I or my child ever had or may have, arising from or in any way related to my child’s participation in any Activities conducted by, on the premises of, or for the benefit of, the Club.

In the event I cannot be reached, I authorize and direct any adult Activities sponsor or group leader representing the Club to make emergency medical decisions for my child.

**Name of Child: (please print clearly):** \_\_\_\_\_

**Medical Conditions:** My child is subject to the following allergies or medical conditions, and I have authorized the Club to disclose such allergies or medical conditions to a physician in the event my child should require emergency medical care. **(Please describe allergies or medical conditions with specificity)**

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**I understand the terms of this Authorization & Waiver and I have willingly signed it as my own free act.**

Name: (signature) \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

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