



MEDICAL WAIVER/RELEASE

Child's Name: _____ ("Participant")

Birth Date ____/____/____

Address _____

City _____ Zip _____ Phone _____

I the undersigned parent/guardian of the above listed minor participant acknowledge and understand that each participant will be engaging in activities that involve risk of serious injury which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, hereby release, discharge, covenants to indemnify and not to sue Acton-Boxborough Youth Soccer (ABYS), its directors, officers, employees, coaches, managers, agents, sponsors, volunteers and associated personnel, including those of its affiliated organizations or programs (including Strikers United), and the owners and lessors of premises used to conduct the events, all of which are hereinafter referred to as "Releasees," from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the Applicant as a result of the Applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize.

I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from ABYS and SU.

Parent/Guardian Signature

Date

Strikers United is a program presented by [Acton-Boxborough Youth Soccer](#) in association with the New England Revolution Academy and the Boston Breakers Academy.

