



Agreement to Participate in Soccer Shots

I understand and acknowledge that participation in all sports can be inherently dangerous, and it is impossible to ensure the safety of all participating individuals. Soccer demands cardiovascular fitness, coordination, and agility. Although many risks can be avoided, I understand that not all risks can be and release Soccer Shots from responsibility for any injury, sickness, disease, or permanent disability that my child might incur during the course of normal play. I further understand that in the event of a medical emergency, Soccer Shots will call EMS to render assistance and that I will be financially responsible for any expenses involved.

While playing soccer, accidents do happen. Some of these accidents may be minor like collisions with other players, collisions with the ground, and being struck by the ball. Other accidents may be more significant like collisions with the goalposts. Other injuries may also include:

- minor injuries like scrapes, bruises, strains, blisters, and sprains;
- more serious injuries like broken bones, concussions, muscle tears, and ligament tears;
- catastrophic injuries like heat stroke, cardiac arrest, and death

To reduce the risk of injury, participants are expected to abide by the following rules:

- all participants are expected to be physically fit before Soccer Shots begins
- all players must adhere to the rules of soccer, thus creating a safe playing environment

I do hereby consent and agree that Soccer Shots has the right to take photographs and video of my child during Soccer Shots sessions. These photos and video may be used on the company website (www.soccershots.com), company social media pages and promotional material without compensation. I understand that my child's name and identity will not be revealed. IF you would prefer we not take photographs or video of your child, please notify us via email.

I hereby certify that I am the parent or legal guardian of the above child and that my child's age, date of birth and other registration information is true and correct and that I have the legal authority to register my child.

I also certify that I have read, understand and accept Soccer Shots' Privacy Policy regarding how information is collected, used and shared and which is viewable at:

<https://www.soccershots.com/privacy-policy>

Waiver of Liability: In consideration of being permitted to play soccer, on behalf of myself, my family, my heirs, and my assigns, I hereby release Soccer Shots, its agents, and its employees from liability for injury, sickness, disease, loss, or death to the above-mentioned participant while using any facility or equipment or in any way associated with participating in the activity of soccer now or in the future, resulting from the ordinary negligence of Soccer Shots, its agents and employees.

X _____
CHILD'S NAME (Print)

X _____
PARENT/GUARDIAN NAME (Print)

X _____
PARENT/GUARDIAN (Signature)

DATE: _____