

RAISE YOUR LEVEL SOCCER ACADEMY LLC. WAIVER AND RELEASES

I understand that there are risks involved with my child's participation in Raise Your Level Soccer Academy LLC.

I hereby authorize the directors of Raise Your Level Soccer Academy LLC to act for me according to their best judgment in any emergency requiring medical attention.

I hereby waive and release the director Raise Your Level Soccer Academy LLC from all liability and agree to accept all medical expenses incurred. I know of no physical or mental problem that will affect my child's ability to safely participate in the League. Dismissal due to disciplinary action will result in no refund. I acknowledge and accept the conditions above with my signature below.

I acknowledge that my child is in good health and may participate in strenuous physical activities in Raise Your Level Soccer Academy LLC. I certify that there are no physical limitations to my child's participation in Raise Your Level Soccer Academy LLC. Permission is granted for my child to receive emergency medical treatment if need.

I hereby release and forever discharge Raise Your Level Soccer Academy LLC and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and /or other loss suffered by my child in connection with his/her participation in Raise Your Level Soccer Academy LLC.

I acknowledge and accept that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which the Raise Your Level Soccer Academy LLC. is taking place and agree that if any portion of the Release and Waiver is invalid, the remainder will continue to be in full force and effect. I agree that this Release and Waiver binds the minor to all its terms.

I Waive and Release Raise Your Level Soccer Academy LLC, the State Massachusetts, the Facility (or any other entity designated by MA law to manage, operate and/or oversee, and their heirs, assigns or successors in interest of any and each of them from any and all liability which may result or arise from either my child's athletics participation or any medical treatment my child may receive.

Players Signature: _____	Date: ____/____/____
Players Printed: _____	Phone# _____
Parents Signature: _____	Date: ____/____/____
Parents Printed: _____	Phone# _____
Emergency Contact: _____	Phone# _____