**BASA WAIVER FOR TOT SOCCER**

**Child’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I the undersigned (if applicant/participant is 18 years of age or older) or the parent/guardian of the above listed minor application/participant acknowledge and fully understand that each application/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses 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 further, that there may be other unknown risks not reasonable foreseeable at this time, assume all of the foregoing risk and accept the personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not sue Illinois Youth Soccer Association, it’s affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as releases, 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 applicants participation in the Programs and/or being transported to of from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give me consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the application/participant with the medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as release from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said release because of any defect in or lack of such capacity to so act or caused or alleged to be caused in while or in part by the negligence of the release.

I have read the above waiver/release and understand that (I) we have give up substantial rights by signing this release and sign below voluntarily.

Signature of Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_