



RELEASE AND WAIVER OF LIABILITY (Youth)

I/We hereby agree;

1. To abide by the rules of Copa Cabana Sports, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Copa Cabana Sports accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release,
2. discharge and/or otherwise indemnify and hold harmless Copa Cabana Sports, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim or written demand by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.
3. To authorize verification of my date of birth from legal records to a Copa Cabana Sports authorized representative for the limited purpose of player age verification.
4. To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or my well-being.
5. To hereby give my consent to Copa Cabana Sports to take photographs, video recordings, and/or sound recordings in documenting the activities of Copa Cabana Sports programs and services. I grant Copa Cabana Sports, and their affiliate's permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Copa Cabana Sports educational and promotional purposes in manuals, on flyers, the internet, or other publications.
6. I have read and agree to any and all other release of liability attached as Addendum "A"

	PARTICIPANT'S NAME <small>Please type or print clearly.</small>	PARENT OR GUARDIAN <small>If participant is under eighteen please type or print.</small>	SIGNATURE <small>Parent or Guardian must sign if participant is under eighteen.</small>	DATE <small>Please type or print</small>
1				
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TEAM NAME _____

CONTACT _____

PHONE _____ EMAIL _____



ADDENDUM “A”
PARENTAL CONSENT for MINOR’S PARTICIPATION
RELEASE AND WAIVER OF LIABILITY
AND ASSUMPTION OF RISK AGREEMENT
SPORTS EVENT WAIVER – CHILD 17 & UNDER

FOR GOOD AND VALUABLE CONSIDERATION, including permission to participate in the COPA CABANA SPORTS event and related activities, I, the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minor’s participating in the event or activity; and agree that prior to the minor’s participation in the event or activity the minor and I will inspect the facilities, equipment and areas to be used, and, if either of us believe any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
2. Acknowledge that the minor and I fully understand that the minor’s participation may involve risk of serious injury or death, including economic losses which may result not only from my own actions, inactions, or negligence, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment or areas where the event or activity is being conducted, the rules of play, or this type of event or activity;
3. Release, waive, discharge and relinquish Copa Cabana Sports, Beach Soccer Promotions, and the City, County, State, owners, their officers, employees, agents and volunteers from any liability, loss, damage, claim, demand or cause of action against them arising from or attributable to the minor’s participation in the event or activity, whether same shall arise by their negligence or otherwise;
4. Assume any and all risks of personal injuries to the minor, including medical or hospital bills, permanent or partial disability, death, and damage to my property, caused by or arising from the minor’s participation in this event or activity;
5. Covenant not to sue or present any claim for personal injury, property damage, or wrongful death for or on behalf of the minor the City and their officers, employees, and agents attributable to the minor’s participation in the event or activity;
6. Agree that photographs, pictures, slides, movies, or videos of the minor may be taken in connection with the minor’s participation in the event or activity without compensation and consent to the use of photographs, pictures, slides, movies, or videos for any legal purpose;
7. Warrant that the minor is in good health and has no physical condition that would prevent the minor from participation in the event or activity;
8. Acknowledge that serious accidents or death can occur during athletic, aquatic, and marine activities; and that participants in athletic, aquatic, and marine activities occasionally sustain mortal or serious personal injuries, and/or property damage, as a consequence thereof. Knowing the risk of athletic, aquatic, and marine activities, nevertheless, I hereby agree to assume on my behalf and on behalf of my child those risks and to release and hold harmless all of the persons or entities mentioned above who (through negligence or carelessness) might otherwise be liable to me or my child (or my heirs or assigns, or my child’s heirs or assigns) for damages.

THIS DOCUMENT RELIEVES COPA CABANA SPORTS, BEACH SOCCER PROMOTIONS, CITY, COUNTY, STATE, OWNERS, AND OTHERS FROM LIABILITY FROM PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN VOLUNTARILY.

I, the parent or legal guardian of the child listed on page one (1), do hereby authorize and consent to any X-ray examination, anesthetic, medical, or surgical treatment rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital or emergency care facility holding a current license to operate a hospital or emergency care facility from the Department of Public Health. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable for my child. I agree to pay for my child’s medical expenses. I understand that all effort shall be made to contact me prior to rendering treatment to my child, but any of the above treatment will not be withheld if I can’t be reached.

I have read this Addendum “A” and affixed my signature next to my child’s name on page one (1)