



LIABILITY/MEDICAL WAIVER FORM

Child's Name: _____

Date Of Birth: _____

Address: _____

Guardian's Name: _____

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I/we the parents/guardians of the above name child on a team under the organization of the Rocky Hill Soccer Club, hereby give my/our permission for my child to participate in any and all Rocky Hill Soccer Club activities, including transportation to and from such activities. I/we know that participation in soccer may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Rocky Hill Soccer Club, the organizers, sponsors, supervisors, participants and person(s) transporting my/our child to and from activities from any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Parent or guardian signature: _____ Date: _____