

## **Parent Waiver and Release**

In consideration of my child being allowed to participate in tryouts for the Pembroke Pines Optimist Club soccer program, I the undersigned, on behalf of my spouse and our child/ward: 1. Acknowledge and fully understand that each participant will be engaging in activities that may involve serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction, or negligence, but the actions, inaction, or negligence of others, in the rules of play, or the condition of the premises or any equipment used. Further, there may be risks not known to us or not reasonably foreseeable at this time. 2. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability, or death. 3. Release, waive, discharge and covenant not to sue the Pembroke Pines Optimist Club, its administrators, officers, directors, agents, managers, coaches, trainers and other volunteers and employees, other participants, sponsoring agencies, sponsors, advertisers, and owners and lessors of premises used to conduct the event, from any liability arising out of that participation and will hold all of the harmless and indemnify them all from any claims by or on behalf of the above player arising out of the participation of that player.

**FYSA recommends that players not register to a team whose age group exceeds the player's normal age.**

It is FYSA's policy that all players compete at a level they are cable of both physically and developmentally. For a player to move up more than one normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA Director of Coaching.

## **INSURANCE NOTICE:**

All injuries must be reported within 90 days of the date of injury.

## **INFORMED CONSENT:**

I, the parent/guardian of the registrant, agree that I/we will abide by the rules of the Pembroke Pines Optimist Club (PPO), the state association (FYSA) and all of its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes a full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation. If registrant is now 18 years or older, registrant will sign this form below and accept all above stipulations unto his or herself.