



**Alexandria Soccer Association
Player Liability Release Form**

This agreement releases Alexandria Soccer from all liability relating to injuries that may occur during the any Alexandria Soccer Association tournament to my child. By signing this agreement, I agree to hold Alexandria Soccer entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in soccer and futsal. These include but are not limited to concussions, sprains, strains, fractures and general bodily injuries. I swear that my child is participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity. By signing below I forfeit all right to bring a suit against Alexandria Soccer for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

_____ (Participant's Name) _____ (Date)

_____ (Guardian Name) _____ (Guardian Signature)