



Invictus Athletic Club Waiver & Release of Liability

I hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, Invictus Athletic Club, and its affiliated organizations and sponsors, volunteers, their employees, and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. I consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb, or registrant's well-being and I hereby agree to be financially responsible for all costs associated with such treatment. I understand that there are risks involved with my child's participation in the Invictus Athletic Club competitive soccer training, camps, clinics, and games. I know of no physical or mental problem that will affect my child's ability to safely participate in these training sessions, camps, clinics, and games. I certify that my child is in good general health, and may participate in strenuous physical activities. I hereby release and forever discharge Invictus Athletic Club and all their agents, employees and affiliated entities from any and all liability, claims, demands, and cause of action for personal injury or death, property damage, and/or other loss suffered by my child in connection with their participation in soccer related activities. I acknowledge and accept that this Release and Waiver is intended to be binding on the family, estate, heirs, executors, administrators, and assigns of my child. I further acknowledge and accept that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of California and agree that if any portion of this Release and Waiver is invalid, the remainder will continue to be in full force and effect. I agree that this Release and Waiver binds my child and/or me to all of its terms. CDC protocol shall be strictly followed and enforced for anything that appears to be a concussion. I hereby grant permission to Invictus Athletic Club and its legal representatives, assigns, and those acting on its behalf, to use any picture, video or audio recording of my child taken in connection with any soccer related activity for all manner of advertising, trade, promotion, exhibition, or any other lawful purpose related to youth soccer whatsoever and in any form or medium. I have read this release and waiver of liability and fully understand its terms. I understand that we waive substantial rights by signing this form. I agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. I sign this release form freely of our own free will.

Players Full Name (Print)

Player Signature (If over 18 years old) & date

Email and Phone

Parent/Legal Guardian Print (If player is under 18 yrs old)

Parent Signature & Date

Phone: _____

Email: _____