

SBWS

Santa Barbara Women's Soccer Organization
For 16 and 17 year old participants.
No players under 16 years of age.

Minor Waiver

As the parent of the minor, _____, I hereby agree to defend, indemnify and hold harmless the City of Santa Barbara, UCSB Recreation Department, Elings-Las Positas, Girsh Park, SBWSO and its officers, employees and agents, from and against any and all loss, damage, liability, charges and expenses (including attorney's fees) and causes of action of whatsoever character which might arise due to any reason while my minor child, _____, participates in any SBWSO league game or be in any way connected therewith. My child and I understand that there are inherent risks playing a contact sport and agree to the above conditions. Both my child and I have read and signed the SBWSO Rules and Regulations agreement. I understand that I must provide my child's health/accident insurance.

Player's Name _____ Player's
Signature _____

Parent's Name _____ Parent's
Signature _____

Parent's signature confirms that the player is at least 16 years old and that the youth player has health/accident insurance.

Date _____

Attach a photocopy of proof of age:
Driver's License,
CA ID card, or
Birth Certificate

Mail Waiver to:
C. Hawkins
1512 Robbins St.
Santa Barbara, CA 93101

