## Youth Waiver

## WAIVER OF RIGHTS AND RELEASE OF ALL PRESENT AND FUTURE CLAIMS

As the parent of a minor, I, the undersigned, hereby acknowledge that my child, \_\_\_\_\_, has voluntarily joined the Santa

Barbara Women's Soccer Organization ("SBWSO") for the purpose of playing soccer. We know that soccer is a dangerous sport involving physical contact and that she could suffer serious bodily injury by participating in it. We also understand that the SBWSO is a voluntary association of women who have associated solely for the purpose of playing soccer.

With full knowledge of the foregoing, I hereby accept full responsibility for any injuries, losses or damages my child may hereafter suffer by reason of her participation in the SBWSO. I hereby acknowledge, agree, and represent that I understand the nature of the game of soccer and that my child is qualified, in good health, and in proper physical condition to participate in soccer activities. I further agree and warrant that if at any time we believe conditions to be unsafe, my child will immediately discontinue further participation in the activities.

In consideration of being permitted to participate in these activities. I hereby release, waive, discharge and covenant not to sue the City of Santa Barbara, Santa Barbara School District, UCSB, Girsh Park Foundation, Elings Park Foundation, SBWSO or its members or directors ("Releasees") from all liability to the undersigned and/or my minor child, personal representatives, assigns, heirs and next of kin for all loss or damage and any claim or demands therefore, on account of injury to my child's person or property or resulting in the death of the undersigned and/or my minor child, whether caused by the negligence of Releasees or otherwise while the undersigned is engaged in soccer-related activities.

I hereby agree to indemnify and hold harmless the Releasees and each of them from any loss, liability, damage or costs they may incur due to the presence of any action of the undersigned and/or my child in or about any premises utilized by the Releasees, whether caused by the negligence of the Releasees or otherwise. I expressly agree that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of California and that if any portion thereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.

I enter into this agreement voluntarily, knowing I assume as my sole responsibility all medical coverage for any injuries suffered or caused to be suffered by any player during the course of soccer play.

It is further understood and agreed that all rights under Section 1542 of the Civil Code of California and any similar laws of any state or territory of the United States are hereby expressly waived. Said section reads as follows:

"1542. Certain claims not affected by general release. A general release does not extend to claims which the creditor does not know or suspect to exist in his favor at the time of executing the release, which if known by him, must have materially affected his settlement with the debtor."

We have read and voluntarily sign this release and waiver of all liability and indemnity agreement.

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

Player's Name (Print):	
Player's Signature:	-
Parent's Name: (Print)	
Parent's Signature:	
Date:	02.2025

Submit a photocopy of Proof of Age - Driver's License, CA ID card or Birth Certificate. Scan signed waiver and attachment and send to:

SBWSOLeague@Yahoo.com

Photo Images are accepted and shall be sent via TEXT to:

(805) 452.3190

Prefer to Mail via USPS? send to:

Coleen Moriarty SBWSO PO Box 823 Goleta, CA 93116

## GOT QUESTIONS?



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