

# Sphinx Soccer Academy

## Release and Waiver of Liability

I understand that playing or participating in soccer is a physical activity involving risk or injury. I understand that in any contact sport, such as the sport involved at this clinic, game or practice, an athletic participant can be seriously injured. I am aware that the dangers and risks of my child's/ward's playing or participating in the above sport include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities. Additionally, I acknowledge the effects of weather on participants, including cold, high heat and humidity (facilities are not guaranteed to be air conditioned).

I have certified to Coach Mo Elsayed and Sphinx Soccer Academy, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the Sphinx Soccer Academy events, clinics, practices and games. I have advised Coach Mo Elsayed and Sphinx Soccer Academy and its staff of any limitations on my child's/ward's activities for medical reasons in writing. Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the event, clinic, practice or games, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless Coach Mo Elsayed and Sphinx Soccer Academy and including the coaching staff employed by Sphinx Soccer Academy, from any and all liability, actions, causes of actions, claims or demands for personal injury and/or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport, event, clinic, game or practice of Coach Mo Elsayed, Sphinx Soccer Academy and Sphinx Soccer Academy staff.

I fully understand that the participant will be held responsible for all property damage.

This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I hereby consent to permit Coach Mo Elsayed and Sphinx Soccer Academy staff working to provide first-aid or call EMT in emergency for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating any Sphinx Soccer event, clinic, practices and/or games.

Sphinx Soccer Academy is not responsible for personal items that are lost, stolen or damaged.

I also understand that pictures, videos or any media taken at any Sphinx Soccer Academy events, clinics, games, and practices can be used in any Sphinx Soccer Academy promotional materials and media.

**By signing this waiver, I agree to the above terms and conditions.**

**Parent/Guardian Name:**

**Phone:**

**Email:**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

