Participant Waiver of Responsibility Form

I, the undersigned, by participating in Soccer Programs offered by Middletown Youth Soccer Association understand and agree that such activity has certain inherent risks that ca n and do result in injury that can be serious, life limiting, and life threatening.

I, the undersigned, agree to release Middletown Youth Soccer Association and the City of Middletown, its' elected officials, employees, sponsors or volunteers from all claims resulting from any and all injuries sustained while participating in soccer programs, except those claims arising out of the sole negligence of the Middletown Youth Soccer Association and/or the City of Middletown, its' elected officials, employees and volunteers.

If participant is a minor (under the age of 18), a parent or legal guardian must sigh this form.

Team Name _____ Age Group_____ Male/Female

Player Name Address Parent Signature