

LA MONSTERS SPORTS ACADEMY AGREEMENT, GENERAL WAIVER AND LIABILITY RELEASE

Name of Player/Minor: _____ Grade: _____

Date of Birth: _____ Gender: _____

Activity: Adult/Youth Soccer Club Activities

For the Player/Parent/Guardian: I, the undersigned, understand that the above named activity, sponsored by LA MONSTERS SPORTS ACADEMY ("LA MONSTERS"), involves physical activity, that accidents can occur during the above Adult/Youth Soccer Club Activities, and that participants in this or any physical activity can suffer serious injury or death. I further understand that while Staff may be trained in basic first aid and CPR, they are not medical professionals and are not trained to diagnose, monitor or treat chronic or acute medical conditions, whether preexisting or caused by participation Adult/Youth Soccer Club Activities. Nevertheless, I, ON BEHALF OF THE ABOVE-MENTIONED MINOR (hereafter "Minor") AND/OR FOR MYSELF, HEREBY ASSUME THESE RISKS OF PARTICIPATING IN THE ABOVE-MENTIONED ADULT/YOUTH SOCCER CLUB ACTIVITIES.

In return for allowing Minor or myself to participate I, on behalf of Minor and for myself, hereby waive, release, and discharge any and all claims for damages for death, personal injury, disability or property damage of any kind which may hereafter accrue to Minor or myself as a result of his/her participation in the Adult/Youth Soccer Club Activities. This release is expressly intended to discharge in advance the LA MONSTERS SPORTS ACADEMY and its employees, agents, and volunteers from and against any and all liability arising out of or connected in any way with myself or the Minor's participation in this activity. THIS WAIVER AND RELEASE WILL APPLY EVEN THOUGH LIABILITY MAY ARISE OUT OF NEGLIGENCE OR CARELESSNESS ON THE PART OF THOSE DISCHARGED INCLUDING THEIR EMPLOYEES, AGENTS, AND VOLUNTEERS, AND INCLUDING GROSS NEGLIGENCE TO THE EXTENT THAT SUCH WAIVER AND RELEASE IS PERMITTED BY CALIFORNIA LAW. This Waiver and Liability Release shall apply to Minor and myself, as well as any of our heirs, executors, or administrators. By my signature below, I hereby certify that, if applicable, I am the parent or legal guardian of Minor and that I am acting in that capacity. Further, I acknowledge that I have read this document and understand its contents.

For the Player/Parent/Guardian: I, the undersigned, acknowledge that the LA MONSTERS SPORTS ACADEMY sponsors the above-named activity and realize that MEDICAL INSURANCE MAY NOT BE PROVIDED. I, the player/parent/guardian of the above named minor, if applicable, hereby approve myself/his/her participation in the above mentioned activity. Further, I consent to emergency medical treatment for myself/minor should the need arise. I expect that the activity supervisors will make an effort to contact me, time permitting, before any treatment other than minor first aid is administered. I hereby grant permission to LA MONSTERS to include pictures and/or video of myself/my children taken during activities, in any future marketing use or other publicity developed by the LA MONSTERS or by the media. I understand that I will not receive compensation for the use of the pictures.

Signature of Player/ Parent/Guardian

Player/Parent/Guardian Name (Print)

Relation to Minor

Date

Players/Minors Information

Player/Parent/Guardian

Name: _____

Address: _____

City: _____

Zip Code: _____

Home Telephone Number: _____

Work Telephone Number: _____

Email Address: _____

Physical Limitations and/or Medical Problems, if any:

Emergency Contacts:

Name: _____ Phone: _____ Relation to Child: _____

Name: _____ Phone: _____ Relation to Child: _____

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