



## The Naperville Soccer Association Waiver Form

Please read carefully and initial the following legal agreement.

\_\_\_\_\_ I understand that if my daughter/son gets injured we are still responsible for the paying the full amount of the Fees unless an alternative agreement is made with The Naperville Soccer Association.

\_\_\_\_\_ I understand that if a payment is missed that my daughter's/son's player card may be pulled and she will not be able to train or participate in the games until all of my fees are up to date.

\_\_\_\_\_ I understand that I am responsible for paying for all tournament costs regardless of my daughter's/son's participation due to any reason.

\_\_\_\_\_ I acknowledge, agree, and represent that I understand the nature of participating in club soccer and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.

\_\_\_\_\_ I agree that accidents can be the result of the nature of the activity and can occur without fault on either the part of the participant or the program supervisors at The Naperville Soccer Association. By registering to participate in the program, I am accepting the risk of an accident occurring. I understand that the program may expose participants to elements of risk, and that accidents may occur while participating in the program. The Naperville Soccer Association will take necessary and appropriate safety precautions and will attempt to minimize any associated risks.

\_\_\_\_\_ I hereby agree to waive any and all claims that I have or may have in the future have against The Naperville Soccer Association, and to release the club, its governors, officers, employees, students and representatives, any individuals connected with NSA, from any and all liability for any loss, damage, injury, or expense that I may suffer as a result of voluntary participation in the program.

\_\_\_\_\_ This agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns and representatives in the event of my death or incapacity.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

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Signature of Athlete & Date

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Signature of Parent/Guardian & Date (if under 18)