

CLUB ARIZONA BOCA JUNIORS

**RISK OF INJURY ACKNOWLEDGEMENT
AND LIABILITY WAIVER**

Club Arizona Boca Juniors (the "Club") is an Arizona non-profit corporation organized for the purpose of soccer education, training, and competition. The undersigned parent(s) and/or guardian(s) of the Player named below, as a condition of Player's participation in Club activities (including without limitation games, practices, and training activities) acknowledge and agree as follows:

I/We acknowledge that even with the most careful coaching, use of the most advanced protective equipment, and strictest observance of safety rules, injury resulting from participation in sports activity is still a possibility, including on rare occasions injury resulting in disability, paralysis, quadriplegia, or death. I/We give our permission for Player to participate in Club activities, realizing that such activities involve the potential for injury that is inherent in any sports activity.

I/we hereby release Club Arizona Boca Juniors, including without limitation its coaches, officers, managers, and parent volunteers from responsibility and liability for any illness or injury that the Player may sustain during any Club activity.

In the event of a medical emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination, medical, dental, anesthetic, or surgical diagnosis, treatment and hospital care advised and supervised by a licensed physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I understand the activity director will endeavor to reach me/us or Player's Physician named below should the nature of the injury or illness warrant. However, I/we hereby release Club Arizona Boca Juniors, including without limitation its coaches, officers, managers, and parent volunteers from responsibility and liability if efforts to contact me/us or Player's Physician are unsuccessful.

Name of Player: _____

Name of Physician: _____

Insurance Company: _____

Policy/Group No.: _____

Signature of Parent/Guardian: _____

Printed Name