

## Wyoming Soccer and its Affiliated Organizations and Sponsors Accident Waiver and Release of Liability

1 I MITTING					
S O C C E R		, parent or	legal guardian o	f	hereby acknowledge,
for myself or for my child, that pa	rticipation in	the programs a	nd activities of V	Wyoming Socces	Association and its Affiliated
Organizations is an extreme test					
serious injury, and property lo					
weather, condition of athletes, eq					
volunteers, spectators, sponsors,					
of hydration, and the dangers ass	ociated with	the authorized	transportation to	and from such	program or activity.
I have petitioned Wyoming Soco years or more higher than orig Federation ("USSF") which guid	inally assigne	ed, as determin	ed by the guidel	ines promulgate	
In this case my child's TRUE	aga group ice	***	hose date of his	th ice	and is notitioning to
In this case, my child's TRUE: play with a team whose age gro	ige group is:	, w	nose date of bil	tili 18;	and is petitioning to
play with a team whose age gro	oup is:	1 Iurth	er unaerstana i	mat this older a	ge group team may request
and be allowed to participate in					
whose age group is:	_ will play v	with and agair	ist teams in the	a	ge group/division. I hereby
acknowledge that this result n					
against children 3 or more years					
be combined. (This portion mus					ne true age group of the team
he/she will be playing on.) Please	e provide Tea	m ID # of tean	n to be rostered o	on.	
	<u>I</u>	ROSTERING I	NFORMATION	<u>I</u>	
	WSA Pi	layer ID #			
	WSA Te	eam ID#			
Season (Circle One)	FALL	INDOOR	SPRING	SUMMER	SEASONAL YR
I hereby assume for myself or sanctioned/sponsored program in from his or her current age group from dangerous or defective equ liability without fault, whether di	cluding those I realize that ipment or pro	in which my c liability may a operty owned,	hild plays for a trise on the part of maintained or co	team or against a of the persons or controlled by the	team whose age group differs entities being released hereby, m or because of their possible
I hereby certify that my child is p and has not been advised otherw.				r participation in	these activities and programs
I acknowledge, for myself and for by Wyoming Soccer Association or activity in which my child ma said programs and activities.	and its Affilia	ated Organizati	ons, sponsors an	d hosts for any s	anctioned/ sponsored program
In consideration for this applicat and my or my child's executors,					

- (A) To Waive, Release and Discharge from any and all liability for my or for my child's death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or to my child while participating these programs and activities, the following entities or persons: Wyoming Soccer Association and their Affiliated Organizations, their directors, officers, employers, volunteers, representatives, participants and agents, the government municipalities, program hosts, program sponsors, program directors, program volunteers; and,
- (B) To Indemnify and Hold Harmless the Wyoming Soccer Association and all of its affiliates, subsidiaries, members, agents, employees, and board members, jointly and severally, as a result of any of my or any of my child's actions during the term of this AWRL, which is in effect for the duration of the **2022–2023** (August 1, 2022 July 31, 2023) soccer season/year.

I hereby give consent for myself or for my child to receive medical treatment which may be deemed advisable in the extent of injury, accident and/or illness during the activity. This paragraph is intended to supplement any other release that may be signed authorizing medical treatment or limiting such treatment in any way. To the extent a conflict exists between this paragraph and another release, the more specific release controls.

This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I hereby certify that I have read this document and I understand its content and execute the same voluntarily with knowledge of its consequences. Further, I hereby represent that I am, in fact, acting in the capacity of the participant's parent or legal guardian and agree to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said persons or entities because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parent(s) or legal guardian(s).

DATED this	_day of	,	<del>_</del>			
			(Name of Parent/Guardian) as Parent or Legal Guardian of	Date		
			(Name of participant)			
STATE OF WYOMING COUNTY OF I,	)SS )	, hereby cert	tify that the foregoing was subscribed	d and sworn to b		
WITNESS my h	on the	day of				
		Notary Public				
My commission expires:	:					