



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

I _____, parent or legal guardian of _____ hereby acknowledge, for myself or for my child, that participation in the programs and activities of Wyoming Soccer Association and its Affiliated Organizations is an extreme test of my or my child's physical and mental limits and carries with it **the potential for death, serious injury, and property loss**. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of athletes, equipment, vehicular traffic, actions of other people including, but not limited to participants, volunteers, spectators, sponsors, coaches, officials and monitors, and/or sponsors or hosts of the program or activity, lack of hydration, and the dangers associated with the authorized transportation to and from such program or activity.

I have petitioned Wyoming Soccer Association to allow my child to participate with or against teams in an age division **3 years or more higher** than originally assigned, as determined by the guidelines promulgated by the United States Soccer Federation ("USSF") which guidelines have been adopted by Wyoming Soccer Association.

In this case, my child's **TRUE age group** is: _____, whose date of birth is: _____ and is petitioning to play with a team whose age group is: _____. I further understand that this older age group team may request and be allowed to participate in games at the: _____ age group. As a result, if my petition is granted, my child, whose age group is: _____ will play with and against teams in the _____ age group/division. I hereby acknowledge that this result may pose additional risks. There is always the possibility that the child will be playing against children 3 or more years older than him/her, due to placement in tournaments or other events where divisions must be combined. (This portion must be completed with the true age group of the player and the true age group of the team he/she will be playing on.) Please provide Team ID # of team to be rostered on.

ROSTERING INFORMATION

WSA Player ID # _____

WSA Team ID # _____

Season (Circle One) FALL INDOOR SPRING SUMMER SEASONAL YR

I hereby assume for myself or for my child all of the risks of participating in any Wyoming Soccer Association sanctioned/sponsored program including those in which my child plays for a team or against a team whose age group differs from his or her current age group. I realize that liability may arise on the part of the persons or entities being released hereby, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault, whether directly or indirectly associated with playing in an age group other than assigned by USSF.

I hereby certify that my child is physically fit, has been sufficiently trained for participation in these activities and programs and has not been advised otherwise by a medically qualified person.

I acknowledge, for myself and for my child, that this Accident Waiver and Release of Liability (AWRL) form will be used by Wyoming Soccer Association and its Affiliated Organizations, sponsors and hosts for any sanctioned/ sponsored program or activity in which my child may participate and that it will govern my or my child's actions and responsibilities during said programs and activities.

In consideration for this application and for permitting my child to participate, I hereby take action for myself or my child and my or my child's executors, administrators, heirs, next of kin, successors, and assigns as follows:

(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 **2026–2027** (August 1, 2026 – July 31, 2027) soccer season/year.

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

DATED this _____ day of _____, _____

(Name of participant)

I, _____, hereby certify that the foregoing was subscribed and sworn to by _____ on the ____ day of _____, _____.

Notary Public

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