



## **Fairfield University Men's Soccer ID Clinic Waiver / Release Form**

I, the parent / guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Fairfield University Men's Soccer ID Clinic, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury, associated with soccer and in consideration for the Fairfield University Men's Soccer ID Clinic accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify Fairfield University Men's Soccer ID Clinic, all Board members, coaches, its affiliates, organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the programs, against any claims by or on behalf of the registrants as a result of the registrant's participation in the programs. I authorize use of player photos on the league's website or in newspapers.

_____	_____	_____
Participant Signature	Name Printed	Date

_____	_____	_____
Parent/Guardian Signature	Name Printed	Date