

OKLAHOMA TERMS AND POLICIES WAIVER

I acknowledge that this athletic activity is an extreme test of a person'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: actions of other people including, but not limited to, participants, volunteers, spectators, coaches, activity officials, activity monitors and/or coaches of the activity; lack of hydration, weather, and/or other natural conditions. I hereby assume all of the risks of participating in this activity.

I certify that I am physically fit, have sufficiently trained for participation in this activity and have not been advised otherwise by a qualified medical person. I acknowledge that this Accident Waiver and Release of Liability (AWRL) form will be used by VICTORY SOCCER TRAINING, LLC and LMR PROPERTIES, LLC and the sponsors of the activity in which I may participate and it will govern my actions and responsibilities at aid activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows: (A) Waive, release, and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me or my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: VICTORY SOCCER TRAINING, LLC and LMR PROPERTIES, LLC, and their directors, officers, employees, volunteers, representatives, coaches and agents, the activity sponsors and activity volunteers, (B) indemnify and hold harmless all entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this activity.

I hereby consent to receive medical treatment that may be deemed advisable in the event of injury, accident, and/or illness during this activity. I understand that at this type of activity or related activities I may be photographed and filmed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose or advertisement by the activity holders, producers, sponsors, organizers, and/or assigns. This AWRL shall be construed broadly to provide a release and waiver to the maximum extent permissible under the applicable law.

Athlete's Name: _____
Date of Birth: _____

Age (if minor needs to be filled by Parent/Guardian)

If multiple children add them here:

Child#2: _____

Child#3: _____

Email: _____

Telephone number: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

It is required to bring the waiver filled out before the first session.