



**Waiver**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ agree and understand that soccer is a *potentially hazardous* activity. I recognize that there are risks inherent in the sport of soccer, including but not limited to; paralyzing injuries and death.

The participant hereby agrees to participate in the Oilfield Sports Association(OA) and hereby agrees to indemnify and hold harmless the Oilfield Sports Association, its coaches, officers, directors, agents and employees against any liability resulting from any injury that may occur to the participant while participating in the Soccer Program and associated activities, including but not limited to; practices, games (and travel to/from practices and games), Town of Black Diamond Parade and the Wind-Up party . The participant also agrees to indemnify the OA for any damages incurred arising from any claims, demand, action or cause of action by the participant.

The participant authorizes any representative of the OA to have the participant treated in any medical emergency during their participation in the Soccer Program. Further, the participant and/or parent/guardian agrees to pay all costs associated with medical care and transportation for the participant.

I have noted on this form any medical/health problems of which the staff should be aware.

OA reserves the right to request any participant (player, parent, guardian or volunteer) to withdraw from the program prior to its termination if the person is not acting in an acceptable manner. I understand and will comply with the requirement that; all players are required to have their own shin pads, and wear them at all times, while on the field; **and that all players under the age of 10 must be accompanied by a parent or guardian to all games and practices.**

I HAVE CAREFULLY READ THE ABOVE LIABILITY RELEASE AND SIGN IT WITH FULL KNOWLEDGE OF ITS CONTENTS AND SIGNIFICANCE.

**ASA Required Consent:**

I, the participant and/or parent/guardian on behalf of the minor participant, authorize the collection and use of personal information about me or my child/ward, including name, date of birth, email, gender, city, and postal code, for the purpose of administering soccer programs and receiving communications with regards to national, provincial, and local programs, events, and annual registration from my local, district, provincial (Alberta Soccer), and national (Canada Soccer) soccer bodies. Information is collected under the authority of PIPA and will not be sold or distributed to any other third party not listed herein.

Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_