

**Kemptville District Soccer Club  
RELEASE AND WAIVER**  
(For those under the age of 18 years old)

By signing this document you will waive certain legal rights, **PLEASE REVIEW THIS FORM IN ITS ENTIRETY PRIOR TO SIGNING IT**

<b>Name of Participant</b>	
<b>Age</b>	
<b>Date of Birth</b>	
<b>KDSC Team Registered With</b>	

**IN CONSIDERATION** of allowing my minor child/ward to participate in the programs, activities and events of the **Kemptville District Soccer Club ("KDSC")**, including, but not limited to those programs, activities and events that are associated/affiliated with Ontario Soccer ("OS") hereinafter referred to as **"KDSC Programs"**, **I MAKE THE FOLLOWING REPRESENTATIONS:**

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my child/ward is physically, emotionally and mentally able to participate in the Women's/Men's (circle one) House League Program of the KDSC.
3. I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards include, but are not limited to injuries from:
  - a. Executing strenuous and demanding physical techniques in soccer;
  - b. Dryland training including weights, running and massage;
  - c. Grass, turf and other surfaces including bacterial infections and rashes;
  - d. Falls to the ground due to uneven or irregular terrain or surfaces;
  - e. Collisions with walls and soccer equipment;
  - f. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
  - g. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
  - h. Contact, colliding or being struck by other participants (including participants who may be older [no age limit] or younger than my child/ward), spectators, equipment or vehicles;
  - i. Vigorous physical exertion and strenuous cardiovascular workouts;
  - j. Exerting and stretching various muscle groups; and
  - k. Travel to and from competitive events and associated non-competitive events which are an integral part of the organization's activities.
4. Furthermore, I am aware that my child/ward may:
  - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
  - b. Experience anxiety while challenging himself/herself during the activities, events and programs; and
  - c. Come into close contact with other participants(including participants who may be older [no age limit] or younger than my child/ward), including the possibility of accidental and unexpected contact.
5. I also understand and acknowledge that:
  - a. The risk of injury to my child/ward is reduced if he/she follows all rules established for participation; and
  - b. The risk of injury to my child/ward increases as he/she become fatigued.

Initials \_\_\_\_\_ Date \_\_\_\_\_

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**I UNDERSTAND AND AGREE**, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document is evidence of the following:

1. I am registering my child/ward willingly and my child/ward is participating voluntarily in the Women's House League Program of the KDSC.
2. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
3. I agree to accept all these risks and hazards and be responsible for any injury or other loss which my child/ward might receive while participating in the Women's House League Program of the KDSC.
4. I do hereby release the KDSC, including directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives (the "Releasees") from all claims, damages, causes of action or any recourse whatsoever in respect of all personal injuries or damage to property which may occur while my child/ward participates and/or attends any KDSC Program and do discharge those parties from any such liability.
5. I further declare that I will not commence litigation, on my own behalf or on behalf of my child/ward, or otherwise recover damages or other compensation for any personal injuries sustained or loss of property against the Releasees based on any claim, damages, causes of action, or any recourse whatsoever arising out of my child/ward's participation and/or attendance at any KDSC Program. I further acknowledge that the Releasees can rely on this Release and Waiver as a complete defence to any and all claims, damages, causes of action, or recourse or liability that may arise at any time.

By signing and dating below, I agree that:

- (a) I am the parent or legal guardian of the above named participant being registered;
- (b) I am bound by this Release and Waiver even if I have not read the agreement; and
- (c) I am signing this Release and Waiver voluntarily.

Printed Name of Parent/Legal Guardian	
Signature of Parent/Legal Guardian	
Relationship with Participant (ie: parent, legal guardian)	
Date	

Initials \_\_\_\_\_ Date \_\_\_\_\_