



AUTHORIZATION AND WAIVER FORM

I authorize my child to participate in this soccer-training program being offered by Top End Soccer Training. I understand that my child's participation in this program is completely voluntary, and I have familiarized myself with the activities, which are part of the program. I understand that there is a risk of injury by participating in this program, and I agree to assume the risk and/or allow my child to assume the risk of injury, even if arising from the negligence of Top End Soccer Training or others. In consideration of Top End Soccer Training accepting and permitting my child to participate in this program, I understand and agree that Top End Soccer Training, its officers, staff, agents, employees, and any volunteers, will not be liable for any injury, death or damage, including property damage, to my child and/or anyone claiming on my or my child's behalf. I further agree to hold harmless, indemnify, and defend Top End Soccer Training, its officers, staff, agents, employees, and volunteers, for and from any and all liability, claims, losses, injuries, illness, or death to me or my child, or property damage during the time of my child's participation in this program.

Participant Name (print)

Date of Birth

Parent/Guardian Name (print)

Address

City/State/Zip

E-mail Address

Emergency Number

A parent or legal guardian must sign below acknowledging he/she has read, understands, and agrees to all of the above.

Parent/Guardian Signature

Date

Top End Soccer Training occasionally uses photographs and videos from training sessions for their website content and marketing materials. Please mark an x on the line if you would prefer your athlete **not** be used in this material. _____