



LIABILITY RELEASE

Player's Name: _____

Date of Birth: _____

Address: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____

Home/Mobile Phone: _____

Work Phone: _____

Parent/Guardian Name: _____

Home/Mobile Phone: _____

Work Phone: _____

In an emergency, when a parent/guardian cannot be reached, please contact:

PLAYER OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age player or the parent/guardian of the above-named player, recognizing the possibility of physical injury associated with soccer and in consideration for the Inver Grove Heights Soccer Association accepting the player to participate in its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the Inver Grove Heights Soccer Association, their employees, volunteers, paid coaches and associated personnel, including the owners of fields and facilities utilized for the activities, against any claim by or on behalf of the player as a result of participation in the activity and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian of Minor Player (Print): _____

Signature: _____

Date: _____