

**LIABILITY WAIVER AND RELEASE**

I, \_\_\_\_\_, the parent/legal guardian of the registrant  
\_\_\_\_\_, a minor, agree that I and the registrant will abide by the  
rules of the CYSA, US Club Soccer, and the West Marin Youth Soccer League (WMYSL), their affiliated organizations, and  
sponsors.

Recognizing the possibility of physical injury associated with soccer and in consideration for the CYSA, US Club Soccer, and the  
WMYSL accepting the registrant for their assessments, programs, and activities (the Program), I hereby release, discharge,  
and/or otherwise indemnify the CYSA, US Club Soccer, and the WMYSL, the coaches/trainers, their affiliated organizations and  
sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs,  
against any and all claim(s) by or on behalf of the registrant as a result of the registrant’s participation in the Program and/or  
being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT (MINOR)**

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a  
duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever circumstances are necessary to  
preserve the life, limb, and/or well being of my dependent.

**PHOTO/VIDEO RELEASE POLICY**

The WMYSL may use photos and videos taken at their assessments, games, and related events for promotional, non-  
commercial purposes. These may be published on the organization web site, in brochures, newspapers, and other youth  
soccer-related forums at the WMYSL’s discretion. By registering a player with the WMYSL for assessments and/or programs,  
you agree to the terms of this Photo/Video Release Policy. Photos and videos of players will be removed upon request by  
contacting the WMYSL.

**I HAVE READ THE ABOVE LIABILITY WAIVER AND RELEASE, THE CONSENT FOR MEDICAL TREATMENT AND PHOTO/VIDEO  
RELEASE POLICY**

I represent that I am the parent or legal guardian of the minor athlete being registered on this form for the assessments,  
Program, and/or Recreational Soccer Season from the date below to July 31 of the following year hosted by the West Marin  
Youth Soccer League. I agree to the terms of the LIABILITY WAIVER AND RELEASE, the CONSENT FOR MEDICAL TREATMENT and  
the PHOTO/VIDEO RELEASE POLICY.

**Name (print):** \_\_\_\_\_

**Name (signature):** \_\_\_\_\_

**e-mail address (print):** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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