



## SACC Waiver of Liability



**Participant Name:** \_\_\_\_\_

*Recognizing the possibility of physical injury associated with soccer/futsal and in consideration for Student Athlete Coaching and Consulting (SACC) accepting the registrant for the Winter Training Program, I hereby release, discharge and/or otherwise indemnify SACC its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Winter Training Program against any claim by or on behalf of the registrant as a result of the registrant's participation in the Winter Training Program and/or being transported to or from the same, which transportation I hereby authorize.*

*My son/daughter has received a physical examination by a physician and has been cleared to participate in sports and our Winter Training Program. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with the proper medical assistance and/or treatment and agree to be responsible financially for the cost of each assistance and/or treatment.*

\_\_\_\_\_  
**Signature of Parent or Guardian**

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