

# Ambassadors FC Tryout

**Child's Name (Preferred):** \_\_\_\_\_

**Date of Birth (M/D/Y):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Previous Team(s) Played For:** \_\_\_\_\_

**Parent's Names:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_

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

## RELEASE OF LIABILITY & ASSUMPTION OF RISK AGREEMENT

This release of liability is issued by Ambassadors Football, and Great Lakes Soccer Arena, LLC, and they are the primary beneficiaries of this waiver.

We, as parents/guardians understand that Ambassadors Football Club, AFC staff, and AFC volunteers are under no liability whatsoever in respect to any personal loss or injury that may occur to our daughter or son during participation with Ambassadors FC. We also hereby authorize the staff and/or volunteer leaders of Ambassadors FC to act according to their best judgment in any emergency situation requiring medical attention. We authorize Ambassadors FC and/or medical professional permission to exercise any and all attempts to medical assistance should the need arise for our child. An accredited medical professional must administer any major medical attention.

I am familiar with the nature of indoor sports and other activities for which I am using the facility located at 8186 Highland Pointe Parkway, Macedonia, Ohio 44056 ("Facility"). I understand that participation in these activities can be dangerous and could possibly lead to minor injuries, broken bones, brain damage, injury to internal organs and/or part of the body, serious spinal injuries, paraplegia, permanent injury, and death. These serious and permanent bodily injuries could impair learning ability, ability to earn income, and general enjoyment of life.

Participation in such events or activities involves the possible exposure to illness from infectious and/or communicable diseases including, but not limited to, COVID-19, MRSA, influenza, and other infectious or communicable diseases. While adherence to particular rules and requirements may reduce the risk of possible exposure, the risk of serious illness and death remains; and I knowingly and freely ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my participation; and I shall comply with all law, orders, rules, regulations or conditions established by Ambassadors Football, Great Lakes Soccer Arena, LLC and/or the State of Ohio for participation in such events or activities. If, however, I observe any violation of the laws, orders, rules, regulation or conditions established by Ambassadors Football Great Lakes Soccer Arena, LLC and/or the State of Ohio during my presence or participation, I shall remove myself from participation and immediately bring such matter to the attention of Great Lakes Soccer Arena, LLC.

I accept that Ambassadors Football and Great Lakes Soccer Arena, LLC are only providing an opportunity to use an indoor athletic facility. In consideration of the privilege to use the Facility I, and on behalf of my heirs, assigns, and the next of kin, and if I am signing as the parent or legal guardian of a minor or ward, on behalf of such person(s) hereby release, indemnify, hold harmless, and promise not to bring action of any kind against Ambassadors Football and Great Lakes Soccer Arena, LLC, their members, or affiliates, their staff, agents, owners, officers, property owners, league directors, officials, coaches, volunteers, sponsors, and any others having an interest in the Facility from all liability, negligence, causes of action, claims, illness, disability, death, other loss or damage to person or property, demands and damages of every kind which may arise out of participation in any and all activities at the Facility.

I agree to allow my or my child's photo/video production or testimony (without name) to be used in promotion.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT AND I FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

**Parent/Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date (M/D/Y):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_