

**Hub City Soccer League
Youth Soccer League Waiver of Liability**

Player Name (Print): _____

Parent/Guardian Name (Print): _____

Date: _____

Phone Number: _____



HUBCITY SOCCER LEAGUE

WAIVER OF LIABILITY AND RELEASE FORM

Hub City Soccer League (HCSL) aims to provide a safe and competitive environment for youth soccer players. However, participation in soccer involves inherent risks. By signing this waiver, you acknowledge and accept these risks and agree to release HCSL from liability.

1. Risks Acknowledgment

I understand that playing soccer involves risks, including but not limited to:

- Sprains, strains, fractures, concussions, and other injuries
- Permanent disability or death in extreme cases
- Risks associated with weather and player contact

2. Medical Acknowledgment

I confirm that my child:

- Is physically fit and has no medical conditions that would prevent participation
- Has personal injury insurance or assumes full responsibility for medical costs

3. Equipment Responsibility

I agree that my child will wear the required protective equipment, including shin guards, and understand that failure to do so may increase injury risk. Child will NOT be allowed to play without shin guards.

4. Liability Agreement

I understand that Hub City Soccer League does NOT carry medical insurance for participants. I agree to be financially responsible for any medical expenses incurred due to my child's participation.

5. Release of Liability

In consideration of my child's participation, I hereby release and hold harmless Hub City Soccer League, its organizers, coaches, volunteers, and affiliates from any and all claims, liabilities, or damages arising from injury, disability, or death resulting from participation in league activities.

I understand that by signing this document, I waive the right to sue Hub City Soccer League for any claims related to participation. I voluntarily sign this waiver with full knowledge of its implications.

Parent/Guardian Signature: _____

Date: _____
