

# FC Dulles Liability Waiver

All fields required. Please print legibly.

Player's Name (First, Last)\* \_\_\_\_\_

Player's Date of Birth?\* \_\_\_\_\_ Player's Gender?\* Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian Name (First/Last)\*: \_\_\_\_\_

Parent/Guardian Email\*: \_\_\_\_\_ Parent Guardian Phone #: \_\_\_\_\_

Emergency Contact Name\*: \_\_\_\_\_ Emergency Contact Phone #\*: \_\_\_\_\_

**Waiver:** In agreeing to these terms and conditions, I (Adult Participant, Parent, or Legal Guardian) release Chantilly Soccer Club, Inc. dba FC Dulles and all of their agents, employees, independent contractors, coaches, equipment suppliers, members, directors, officers, sponsors (collectively, "FCD", "FC Dulles", or "Club") and entities ("Entities") including, but not limited to, Virginia Youth Soccer Association, US Youth Soccer, FIFA, Cassel's Sports Complex, nZone, Fairfax County Public Schools, Fairfax County Park Authority, and Fairfax County Board of Supervisors from any claims of responsibility for injuries and or loss suffered in any activities and/or events conducted by FC Dulles. I assume all risks associated with me and/or my child's participation ("My Player"), even if arising from the negligence of participants or others, and I assume full responsibility for mine and/or MY Player's participation today and in all future FC Dulles activities and/or events.

**Certification:** I certify that I am and/or My Player is in good physical condition and is physically and psychologically prepared to participate in an FC Dulles soccer program. I hereby give my consent to FC Dulles to provide myself and/or My Player, through a staff member of its choice, customary medical/athletic training attention, transportation, and emergency medical services as warranted in the course of my child's participation.

**Assumption of Inherent Risks:** I am fully aware of, and appreciate, the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses associated with me and/or My Player's participation in an FC Dulles soccer activity and/or event. I further agree on behalf of myself, My Player, My Player's family, my heirs, and personal representatives that FC Dulles, along with the coaches, volunteers, employees, agents, officers, directors of this organization, sponsors, and entities listed above shall not be liable for any injury, loss of life, or other loss or damage occurring as a result of My Player's participation in any FC Dulles activities and/or events or my traveling to and from the soccer activity and/or event.

**Indemnification:** I also agree to hold harmless, defend, and indemnify FC Dulles and the entities listed above, that is, defend and pay any costs, including damages awarded, investigation costs, attorneys fees, and related expenses from any and all claims arising from mine and/or My Players participation in the inclusive activities. I further agree to hold harmless, defend, and indemnify FC Dulles, and entities listed above against any and all claims of co-participants, rescuers, and others arising from the conduct of myself, other members of my family, and/or My Player in the inclusive activities.

**Clarifying Clauses:** I confirm that this agreement supersedes previous oral and/or written promises or agreements. I understand that this is the entire agreement between FC Dulles and myself regarding waiver and acceptance of risk, and cannot be modified or changed in any way by representations or statements by any agent or employee of FC Dulles. I understand the foregoing assumption of risk, waiver of liability, and indemnification agreement is intended to be broad and inclusive as permitted by the laws of the Commonwealth of Virginia, and that if any legal action is brought, the appropriate trial court for the County of Fairfax, in the Commonwealth of Virginia has the sole and exclusive jurisdiction and that only the substantive laws of the Commonwealth of Virginia apply.

**Acknowledgment and Understanding:** I hereby affirm that I am eighteen (18) years of age or older, that I represent all legal rights of My Player, and have read and understood this agreement. I understand that I am voluntarily agreeing and intend my acknowledgment of this agreement to be a complete release of all liability, including that due to ordinary negligence by the protected parties, to the greatest extent allowed by the laws of the Commonwealth of Virginia.

**Image Authorization:** By acknowledging this agreement, I authorize FC Dulles to use mine and/or my child's image (both still and video images) in an appropriate manner pertaining to playing soccer in an FC Dulles soccer program. Images may be used in Club marketing material to include the FC Dulles website, social media accounts like Twitter, Facebook, and/or Instagram, in promotional collateral like pamphlets, in email marketing campaigns, instructional videos, and promotional videos.

**Email Opt-in:** I allow FC Dulles to use my email address to send me operational notifications and info about upcoming Club events, programs, and special offers.

**Agreement to Terms and Conditions:** I agree to abide by all FC Dulles' Policies & Procedures, FC Dulles' Parent's/Player's Codes of Conduct, and any disciplinary procedures related to violations of the FC Dulles Parent's/Player's Codes of Conduct

As a parent/guardian upon registration, I understand that I am accepting these terms and conditions on behalf of my player and both parents/legal guardians/family members

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name (in full): \_\_\_\_\_