

Wembley Soccer Academy
Release and Liability Waiver

Player Name _____

1. I, the undersigned parent/guardian of the individual(s) named above, a minor(s), do hereby agree to allow the (these) individual(s) named herein to participate in the aforementioned activity and authorize the program directors and/or instructors as Agents for the undersigned to consent to Medical, Surgical and/or Dental Examination, in addition to any and all other Treatments that may be deemed necessary by medical personnel. It is understood that this activity involves an element of risk and a danger of accidents and knowing those risks I hereby assume those risks.

I authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribe by a treating physician for my child, if I cannot be reached in an emergency.

2. In addition, I understand that by accepting this agreement, I hereby release and discharge Wembley Soccer Academy and James Charette, and partnering organizations from any and all liability resulting in injury associated with participant's participation in this activity. I agree that pictures and videos taken during program hours may be used for future promotional purposes.
3. I authorize that my child can ride in a go-kart by themself at Captain's Kid Amusement Park: <https://www.captainkidamusementpark.com/>

Name of Parent or Guardian (Printed) _____

Signature of Parent or Guardian _____

Date _____