



GEORGETOWN SOCCER ACADEMY

ONTARIO PARENT / GUARDIAN WAIVER & RELEASE OF LIABILITY

Participant Information

Player Name: _____

Date of Birth: _____

Program Enrolled (check one):

- Regular Youth Program
 - Stargirl Program (Girls-Only)
 - Parent & Tot Program
-

Parent / Guardian Information

Name: _____

Phone Number: _____

Email Address: _____



Assumption of Risk

I, the undersigned parent or legal guardian, acknowledge that participation in soccer and related activities involves inherent risks, including but not limited to physical injury, illness, collisions with other participants, equipment, weather conditions, and playing surfaces.

I freely and voluntarily assume all such risks on behalf of my child while participating in any activity organized, operated, or sanctioned by Georgetown Soccer Academy, including practices, games, camps, clinics, and events.

Release and Waiver of Liability (Ontario)

To the fullest extent permitted by the laws of the Province of Ontario, I hereby release, waive, and forever discharge Georgetown Soccer Academy, its owners, directors, officers, coaches, instructors, employees, volunteers, agents, and facility partners from any and all claims, demands, damages, actions, or causes of action arising from my child's participation, including claims resulting from negligence, breach of duty, or breach of statutory obligation.

This waiver applies to any injury, illness, loss, or damage sustained during participation.

Indemnification

I agree to indemnify and hold harmless Georgetown Soccer Academy from any claims, liabilities, costs, or expenses (including legal fees) arising from my child's participation or from any breach of this agreement.



Parent & Tot Program Acknowledgement

(Applies only if selected above)

I acknowledge that the Parent & Tot Program requires active parent or guardian participation on the field. I accept full responsibility for supervising my child at all times and acknowledge that participation by both myself and my child carries inherent physical risks.

I voluntarily assume all risks for both myself and my child and agree that Georgetown Soccer Academy is not responsible for injuries arising from parent-assisted or parent-led activities.

Medical Authorization

I certify that my child is physically and medically able to participate in soccer activities.

In the event of an emergency where I cannot be reached, I authorize Georgetown Soccer Academy staff to obtain medical treatment for my child as deemed necessary. I understand that all medical expenses are my responsibility.

Known allergies or medical conditions (if any):

Code of Conduct

I understand that my child is expected to follow club rules, respect coaches, teammates, officials, and facilities, and demonstrate good sportsmanship at all times. I acknowledge that failure to comply may result in disciplinary action, including removal from sessions without refund.



Photo & Video Release

I consent to the use of photographs and video recordings of my child taken during club activities for promotional, educational, and social media purposes by Georgetown Soccer Academy.

Yes No

Acknowledgement & Signature

I confirm that I have read and fully understand this Ontario waiver and release of liability and voluntarily agree to its terms.

Parent / Guardian Name (Print): _____

Signature: _____

Date: _____