

**Lead United Soccer Club  
Accident Waiver and Release of Liability Form**

I HEREBY ASSUME ALL RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN LEAD UNITED SOCCER CLUB (LUSC) ACTIVITIES OR EVENTS, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in LUSC activities or events.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from LUSC activities and events. THE FOLLOWING ENTITIES OR PERSONS: Lead United Soccer Club, iMiracleProject, Bellevue Tennis Academy, Synergy Learning Academy, George Avtandilov, Robert Shaghoian, Sergey Bagdasarov and/or any employees, volunteers, representatives and agents, the activity or event holders, the activity or event sponsors, the activity or event producers, the activity or event volunteers.
- (B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in the above paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the game of soccer involves physical contact and fast-paced movements. It involves a test of a person's physical and mental limits and may carry with it the potential for death, serious injury and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, action of other people including but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration/nutrition. These risks are not only inherent to participants, but are also present for staff and volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event. *For parents of Synergy Learning Academy students:* I consent to allowing LUSC staff or volunteers to escort my child between school and practice and understand the risks involved with escorting children on public walkways and across public streets.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The Accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

\_\_\_\_\_  
Print Player's Name

\_\_\_\_\_  
Age

\_\_\_\_\_  
Signature of Participant  
(Parent/guardian signs if  
player under 18 years old)

\_\_\_\_\_  
Date