

**KCU / Lakeshore United FC
Liability Waiver
Soccer/Use of Building - 4110 Hwy 42 Sheboygan WI**

Player/Parent Information

Player Name: _____

Cell Phone: _____

Parent Name: _____

Cell Phone: _____

eMail: _____

Waiver and Acknowledgment:

We, the above named player (participant) and parent/legal guardian of the player, agree that we will abide by the rules and policies of the above referenced facility, the Kohler Credit Union (KCU), the Lakeshore United FC (LUFC), the Wisconsin Youth Soccer Association (WYSA), and the United Youth Soccer Association and its affiliate organizations and sponsors.

Recognizing the possibility of physical injury associated with soccer and in consideration for accepting the participant for this soccer activity, we hereby release, discharge and/or otherwise indemnify Kohler Credit Union, LUFC and its affiliated organizations and sponsors against any claim by or on behalf of the participant as a result of participation in the program and/or being transported to or from same.

We agree that if it appears that participant may have sustained a concussion or head injury that he/she is to be removed from the competition until such time that a trained medical professional can examine and approve their return to play soccer. In such case, we understand that we are to provide a written clearance for participant to return to play soccer.

This waiver must be signed/returned prior to participation in any program, event, or activity at the above referenced facility.

Signature of Player

Date

Signature of Parent/Legal Guardian

Date