

**CEDAR VALLEY SOCCER CLUB**  
**\*2019 SPRING SPOTLIGHT (COLLEGE SHOWCASE)\***  
**LIABILITY/MEDICAL WAIVER FORM**

In consideration of the Cedar Valley Soccer Club at the CV Sportsplex granting the participant permission to participate in activities/programs, I hereby assume all risks of personal injury (including death) and property damage that may result from any activity/program. I do hereby release and agree to indemnify, defend, and hold harmless the Cedar Valley Soccer Club, CV Sportsplex, Board of Regents/State of Iowa, their employees, agents, officials, and all participants in the program/activity from and against all liability, including claims and suits at law or in equity, for damages or injuries, fatal or otherwise, which may result from any negligence or the participant taking part in activities/programs offered by Cedar Valley Soccer Club in the CV Sportsplex recreation facilities, and/or play fields at the CV Sportsplex.

**PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION:**

**Team Name:** \_\_\_\_\_ **Coach Name:** \_\_\_\_\_

	Players Print Name	Signature	Email Address	Phone
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