

ILLINOIS VALLEY YOUTH SOCCER LEAGUE

**P.O. BOX 164
PERU, IL 61354**

I/we have been informed by Illinois Valley Youth Soccer League (IVYSL) of the safety risk involved in wearing eyeglasses while participating in IVYSL activities.

I/we hereby agree that Illinois Valley Youth Soccer League (IVYSL), its members, coaches, or officers of any other organization affiliated with IVYSL, shall not be liable for any injury or loss that my child/children may sustain from the need to wear eyeglasses while participating in activities of any kind, whether sponsored by, or under the supervision of IVYSL or any organization to which IVYSL has an affiliation. We further agree to indemnify and to hold harmless IVYSL, or any affiliated organization of any kind from any claim whatsoever.

Parent/Guardian Signature _____ Date _____

Player's Name (print) _____