



Central Virginia United Soccer Club

Liability Release

Release made this _____ day of _____ (month), 2016, by
_____(name of participant). In consideration of the permission granted to myself by Central Virginia United Soccer, Inc. to participate in the 2016 Adult Soccer League, I hereby release **Central Virginia United Soccer, Inc.**, its agents and employees, and the City of Lynchburg, and its agents and employees, from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators, or assigns may have against Central Virginia United Soccer, Inc., and other described parties for all personal injuries known or unknown that I have or may incur by participating in the soccer program and hereby knowingly assume the risk that such I may be injured in such activity. I also hereby attest that I am physically fit and have no ailment or deformity that should prevent me from participating in soccer. I further authorize Central Virginia United Soccer, Inc. officials to take the proper steps to provide medical attention should I be injured while playing or being transported to or from any Central Virginia United Soccer, Inc. sponsored activity, and I hold said officials and Central Virginia United Soccer, Inc. harmless therefore. I have read this release and understand all its items. I execute it voluntarily and with full knowledge of its significance.

Participant Printed Name: _____

Team: _____

Participant Signature: _____

Date: _____

*List of any medical conditions CVU should be aware of :
