

**Al Reynolds Soccer School
Administrative Office
11351 Pearl Road
Strongsville, Ohio 44136
(440) 238-3161**

Participation Waiver & Medical Release

Participant Name: _____
Allergies: _____
Medical Problems: _____

Waiver

In consideration of the acceptance of my child's/ward's participation and involvement with Al Reynolds, Soccer School, I hereby, for myself and child/ward, our heirs, executors, release Al Reynolds, his coaches, agents and employees, from any and all injuries or illness sustained or incurred by my child/ward as a result of his/her involvement in, participation of an or all associated activities.

By executing this document, I hereby assume, on behalf of my child/ward, all risk or injury or loss to which he/she may be exposed.

I acknowledge that I have read and fully understand this waiver.

Name of parent or guardian (Please print)

X

Signature of Parent/Guardian

Date