



National Soccer Coaches Association of America

**2009 NSCAA Convention
St. Louis, MO**

CLINIC DEMONSTRATOR WAIVER AND RELEASE OF LIABILITY FORM

As parent or legal guardian of _____, I hereby give my full consent and approval for my child to participate in clinics at the annual convention of the National Soccer Coaches Association of America.

Print name of participant

I understand that there are certain risks inherent with these coaching demonstrations, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the clinics. My child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation. I also understand that it is mandatory that each player wear the proper shoes and shin guards for all sessions of participation.

In addition, to giving my consent for participation, I do hereby agree for ourselves and on behalf of our child to release, hold harmless and indemnify the National Soccer Coaches Association of America, its officials, officers, directors, managers, agents and employees from any and all liability against the loss or damage for injury, illness or other condition arising or sustained by our child while participating in activities of the clinic program incidental thereto, whether the result of negligence or any other cause.

Finally, I grant the NSCAA permission to use my child's likeness in photographs and videos taken during the convention. This permission is granted for, but not limited to, all NSCAA promotional material.

I HAVE READ THE ABOVE WAIVER AND RELEASE OF LIABILITY STATEMENT; I UNDERSTAND THE CONTENT AND HAVE ACCEPTED IT WITH MY VOLUNTARY SIGNATURE BELOW:

Print name of parent or guardian (if participant is under 18 years of age)

City and State

Signature of parent of guardian (if participant is under 18 years of age)

Date