



4600 Rocky River Dr. Cleveland, Ohio 44135 | 216.676.9177 | www.MasjidAlOmari.com

ALOMARY SOCCER ACADEMY WAIVER FORM 2024

Release of Liability

Participant Over the age of 16 - Waiver and Release of Liability:

I, the undersigned, hereby acknowledge that I have voluntarily chosen to participate in Alomary Soccer Academy. I fully understand that participation in soccer, like any sport, carries inherent risks of injury, including but not limited to, sprains, fractures, concussions, or even death. By signing this waiver, I agree to the following:

1. **Assumption of Risk:**

I acknowledge and accept that participation in soccer activities involves inherent risks. I am fully aware of the potential dangers and voluntarily assume all risks associated with my participation in Alomary Soccer Academy.

2. **Release of Liability:**

I, on behalf of myself, my heirs, executors, and assigns, hereby release, discharge, and hold harmless the Academy, its coaches, staff, volunteers, affiliates, and any other representatives from any and all claims, demands, causes of action, or liabilities, whether caused by negligence or otherwise, arising out of or related to my participation in any activities associated with the Academy.

3. **Medical Treatment Authorization:**

In the event of an emergency, I hereby authorize Alomary Soccer Academy, its representatives, and staff to secure necessary medical treatment for me. I agree to assume full responsibility for any medical costs incurred.

4. **Acknowledgment of Rules and Code of Conduct:**

I acknowledge that I have read and understood the Academy's rules and code of conduct and agree to abide by them. I understand that failure to comply with these rules may result in my dismissal from the Academy without refund.

Permission for Publicity

5. I grant permission for the Academy to use photographs, videos, or other media of my child taken during Academy activities for promotional purposes, including but not limited to social media and websites.

I give permission for publicity. I do not give permission for publicity.

Signature of Participant

Date

Name: _____ Age: _____ DOB: _____

Phone: _____ Address: _____

Email: _____



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ALOMARY SOCCER ACADEMY WAIVER FORM 2024

Release of Liability

Participant Under the age of 16 - Waiver and Release of Liability:

I, the undersigned, hereby acknowledge that I have voluntarily chosen to allow my child to participate in Alomary Soccer Academy. I fully understand that participation in soccer, like any sport, carries inherent risks of injury, including but not limited to, sprains, fractures, concussions, or even death. By signing this waiver, I agree to the following:

1. **Assumption of Risk:**

I acknowledge and accept that participation in soccer activities involves inherent risks. I am fully aware of the potential dangers and voluntarily assume all risks associated with my child's participation in Alomary Soccer Academy.

2. **Release of Liability:**

I, on behalf of myself, my child, my heirs, executors, and assigns, hereby release, discharge, and hold harmless the Academy, its coaches, staff, volunteers, affiliates, and any other representatives from any and all claims, demands, causes of action, or liabilities, whether caused by negligence or otherwise, arising out of or related to my child's participation in any activities associated with the Academy.

3. **Medical Treatment Authorization:**

In the event of an emergency, I hereby authorize Alomary Soccer Academy, its representatives, and staff to secure necessary medical treatment for my child. I agree to assume full responsibility for any medical costs incurred.

4. **Acknowledgment of Rules and Code of Conduct:**

I acknowledge that I have read and understood the Academy's rules and code of conduct and agree to abide by them. I understand that failure to comply with these rules may result in my child's dismissal from the Academy without refund.

Permission for Publicity

5. I grant permission for the Academy to use photographs, videos, or other media of me taken during Academy activities for promotional purposes, including but not limited to social media and websites.

I give permission for publicity. I do not give permission for publicity.

Signature of Parent/Guardian of Participant

Date

Participant Information

Name: _____ Age: _____ DOB: _____

Parent Information

Name: _____ DOB: _____ Phone: _____

Address: _____

Email: _____