Liability Release and Waiver
BSA, Celtic Soccer Club, Ohio Galaxies FC

I desire that my child participate in the Beavercreek Soccer Association (BSA), the BSA Celtic Soccer Club, the Celtic Juniors, the Ohio Galaxies FC, or other related program during the upcoming soccer year. Accordingly, I/we agree to abide by the rules, regulations, and operation procedures of the above mentioned groups. I understand that there is always the possibility of serious injury, and even death, during physical training or soccer related events. I agree to advise these groups about any medical issues which my child may have which may restrict their ability to do these events and I agree to monitor my child to make sure these health conditions are under control during these events. In exchange for allowing my child to participate in these events, I/we hereby agree to hold harmless, release, discharge and/or otherwise indemnify the BSA, BSA Celtic Soccer Club, Celtic Juniors, the Ohio Galaxies FC, USYSA, City of Beavercreek, Beavercreek Township, City of Beavercreek schools, the owners and caretakers of the fields and facilities used, and any and all involved officers, directors, agents, assigns, volunteers, and employees of such groups, from any liability, claims, or cause of action for injury, damage, or death arising from, or related to, participation in the soccer program, related activities and use of the facilities. This hold harmless, release, discharge, and indemnification is on behalf of myself, the child's parents and/or guardians, and the participating child. I aver that I am the legal parent or guardian of the participating child and that I have full authority to agree to this Liability Release and Waiver on the child's behalf.

Child's Name	**Parent/Guardian Signature**	**Date**
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Team Name	**Coaches Name (please print)**	