



Elite Soccer 1-on-1 Liability Waiver and Refund Policy

Name of Player: _____ Date Of Birth: ___/___/___ Age: ___

Parent/Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact:

Name: _____ Relationship to Player: _____

Emergency Contact Number: _____

This form must be read and signed before the participant takes part in any 1 on 1 training sessions. By signing this form, the participant affirms having read it and acknowledges having had sufficient opportunity to have this agreement reviewed by participant's counsel. On my own behalf and on the behalf of my heirs, successors and assigns, I hereby forever release and discharge and agree to indemnify and hold Elite Soccer 1-on-1 and their respective affiliates from any and all liabilities, claims, costs, demands or causes of action, whether known or unknown ("claims") that I may now or hereafter have for injuries or damages arising out of my participation in "Elite Soccer 1- on-1" training sessions. I understand and acknowledge that dangers of personal injury are inherent in participating in soccer training sessions, and I expressly and voluntarily assume all risk of death or personal injury sustained in the training sessions, including but not limited to the risks incurred in all these activities and those arising from hidden, latent or obvious defects in any facilities or equipment used. I acknowledge the possibility that my successors or I may not fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. This release is intended to be binding on my heirs and assigns. I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law on choice of law.

Refund Policy: Elite Soccer 1-on-1 will only offer a refund in the case that our organization (Elite Soccer 1-on-1) fails to complete the session(s) purchased by the client. Elite Soccer 1-on-1 is not obligated to issue a refund if the client requests to cancel, reschedule or terminate their existing package(s) purchased for whatever reason.

Parent/Guardian's Signature: _____ Date: ___/___/___