Medical Play Down Hold Harmless Agreement | 04/16/2026

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I am aware that soccer is a moderate contact sport and that playing or practicing to play soccer can be a dangerous activity. I understand that the dangers and risks of playing or practicing to play soccer include, serious injury to my child's muscular skeletal system and internal organs, as well as serious injury or impairment to other aspects of my body, general health and well-being. I also understand that injuries resulting from playing or practicing to play soccer may impair my child's future abilities to earn a living or engage in other business, social and recreational activities, and generally enjoy life.

I, _____, am the Parent / Legal Guardian of, _____.

I have read the above warning and release and understand all terms. I understand that soccer is a CONTACT SPORT involving significant RISK OF INJURY, including but not limited to those risks outlined above.

In consideration of the Washington Youth Soccer permitting my child/ward to participate in its soccer program and engage in all activities related to the program, including but not limited to trying out, practicing, or playing soccer, I hereby agree to hold Washington Youth Soccer and it employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands, of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any of these activities. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Parent / Legal Guardian:
Date: