

Aiyenero School of Excellence Player Waiver form

ACKNOWLEDGEMENT OF RISK, AND RELEASE WAIVER FORM By signing this form, I acknowledge that I am familiar with the activities of the Aiyenero School of Excellence (ASE) Soccer Program in which I have voluntarily enrolled my child.

I acknowledge that there are inherent risks and dangers associated with contact sports and competitive athletics included within the School of Excellence Soccer Program, and that these activities can cause injury to participants. I understand that School of Excellence’s staff members are available should I have further questions about those risks. As a parent and/or guardian I give permission for my child to participate in all School of Excellence (ASE) activities and agree to discuss the nature of these activities and risks with my child. I also understand that School of Excellence (ASE) cannot assure my child's safety or eliminate any of these risks. I have voluntarily enrolled my child in the School of Excellence (ASE) Program with full knowledge of the risks. I accept full responsibility for the inherent risks of these activities, for any injury, damage, or other loss suffered by my child resulting from these activities.

I hereby authorize Henry Aiyenero to act for me according to his best judgment in any emergency requiring medical attention to my child. I hereby waive and release Henry Aiyenero from any and all liability for any injuries and illnesses incurred while at my training. I hereby warrant that my child is in good health and is able to participate in soccer-related activities. Each child must be covered by his/her own family insurance. I have read, understand, and agree to the above.

Finally, I agree to assume all risks associated with my child's participation in the Aiyenero School of Excellence (ASE) Soccer Program, and agree to hold harmless, release, and indemnify Aiyenero School of Excellence, its insurance carriers, agents, employees and representatives from any and all liability or claims for injury or damage arising from my child's participation in the Aiyenero School of Excellence (ASE) Soccer Program.

PARENT/LEGAL GUARDIAN

Parents Name: Player Name:

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Signed: (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Henry Aiyenero, PROFESSIONAL PRIVATE SOCCER TRAINER 608-669-6791

ASE Technical Director

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