



Individual Player Liability Release Form

This agreement releases Capitol Futsal Cup and Alexandria Soccer Association all liability relating to injuries that may occur during Capitol Futsal Cup. By signing this agreement, I agree to hold Alexandria Soccer entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in soccer and futsal. These include but are not limited to concussions, sprains, strains, fractures and general bodily injuries. I swear that my child is participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below I forfeit all right to bring a suit against Capitol Futsal Cup and Alexandria Soccer for any reason. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

_____ (Participant's Name) _____ (Date)

_____ (Guardian Name) _____ (Guardian Signature)