



## AGREEMENT TO PARTICIPATE

I \_\_\_\_\_ (name) wish to participate in youth soccer, and more particularly the (name of the soccer program). In connection with my participation, I acknowledge the risk of possible physical harm to me as a result of my participation is increased because of \_\_\_\_\_ (name of disability) which I sus-tained in the past, and for which I have received medical attention. While there is no immediate danger to me, I am told that due to my disability, strenuous collision type activities, such as soccer, could render me more susceptible to future problems than might be normally expected.

I have considered participation in activities other than soccer and re-viewed those considerations with my parents and physician. I have dis-cussed this situation with my parents and we understand the potential danger of participating in soccer. Notwithstanding that my participation in youth soccer constitutes more risk to me than it does to other athletes, I nevertheless wish to participate in youth soccer. In making this deci-sion, I am aware of the value of participating in youth sports programs in my life, and choose to continue my participation in order to take advan-tage of those values. In weighing the risk of potential injury to myself both now and in the future, I wish to exonerate and save harmless Greater Boca Youth Soccer Association (GBYSA), their agents, servants and employees, from any liability as a result of an injury or death relating to \_\_\_\_\_ (name of disability) and not to any injury that may occur in the future which is unrelated to my previous disability. I execute this agreement freely, fully intending to be bound by same.

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Participant Name

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Parent or Guardian

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Date