



**LAREDO YOUTH SOCCER CLUB ACADEMY, (LYSCA) SOCCER PARTICIPATION AGREEMENT
REGARDING ASSUMPTION OF RISK, RELEASE OF LIABILITY, AND INDEMNIFICACION**

I, _____, desire to participate in LYSCA activities (Soccer Sport) at 603 Amistad Drive and in consideration of being allowed to participate in LYSCA activities, I hereby acknowledge and agree as follows:

I. I am fully informed or otherwise aware of, and fully assume, all risks to person and property in connection with my participation in LYSCA complex, (including, but not limited to, damage and loss of property, bodily injury, medical treatment and death). I am in good physical and mental health and do not have any physical or mental conditions which could affect my ability to participate in sports. I have medical insurance coverage appropriate for my participation in any sport. LYSCA shall not provide any insurance for me in connection with my participation in LYSCA soccer activities.

II. I fully and forever RELEASE, WAIVE AND DISCHARGE, AND COVENANT NOT TO SUE, LYSCA or any other person(s) in connection with this association, (including but not limited to, its trustees, employees and representatives) from and for any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising, directly or indirectly, in connection with my participation in LYSCA activities from any cause whatsoever (including, but not limited to, damage and loss of property, bodily injury, medial treatment and death), whether or not foreseeable or contributed to by the negligent acts or omissions of the LYSCA facilities or others.

III. I shall INDEMNIFY AND HOLD HARMLESS the LYSCA (including, but not limited to, its trustees, employees and representatives) for and form any and all demands, claims, actions, suits, damages, losses, liabilities, costs and expenses arising, directly or indirectly, as a result of my intentional or negligent acts or omissions from any cause whatsoever (including, but not limited to, damage and loss of property, bodily injury, medical treatment and death), whether or not foreseeable or contributed to by the negligent acts or omissions of the personnel or any LYSCA partners and associates.

IV. I shall fully comply with all applicable laws, LYSCA policies, rules, and regulations while participating in LYSCA activities. If my participation at LYSCA is at any time deemed detrimental to LYSCA or any other participants, as determined by the LYSCA in its sole discretion, I understand that (i) I may be expelled or suspended from LYSCA activities without LYSCA incurring any liability, (ii) I may incur liability to the LYSCA under this Agreement.

V. This Agreement constitutes the entire agreement, and supersedes any prior or contemporaneous agreements, understandings, or negotiations, with respect to the subject matter hereof. This Agreement (i) may not be amended or modified, by course of conduct or otherwise, and (ii) may not be assigned or transferred, in whole or in part, except in writing duly executed by me and LYSCA. This Agreement shall be governed by, and construed and enforced in accordance with, the laws of the State of Texas, without regard to the conflicts or choice of law principles thereof, and shall be as broad and inclusive as permitted by such laws. In the event that a court of competent jurisdiction shall hold any provision of this Agreement unenforceable, such unenforceability, had never been incorporated herein.

VI. I (i) have read and fully understand this Agreement, (ii) intend that this Agreement be legally bidding upon and enforceable against me and my family members, estate, heirs and legal representatives.

Signature: _____ Printed Name: _____

(IF UNDER 18, PLEASE PROVIDE SIGNATURE OF PARENT/GUARDIAN):

Signature of Parent/Guardian: _____

Printed Name: _____ Date: _____