# ABQ Futsal

## Agreement Of Release and Waiver of Liability

PRINT LEGIBLE

Last Name_____ First Name _____ DOB_____

Street Address_____

City_____ State_____Zip Code_____

Email_____ Phone: _____

By my child participating in Futsal. These classes entail intensive physical activity and exertion on a Futsal Surface. I recognize that such physical activity and exertion maybe difficult and strenuous and may cause or aggravate a physical injury or medical situation. I am fully aware of and accept the risk and hazards involved.

I understand that it is my responsibility to consult with a physician prior to and regarding participating in Futsal, classes or workshops and to receive prior approval to participate. I represent and warrant that I am physically fit and have no medical condition or injury in which would prevent my full participation in the Futsal Classes, workshops or League Play.

In consideration of being permitted to participate in Futsal. I agree to assume full responsibility for any risk, conditions, injuries, or damages, known or unknown which might incur or aggravate as a result of my child participating in same. This will include falls, slips and possibly being pushed on the Futsal surface. Please keep in mind that Fusal is played on hard surface in which injuries may occur if an individual are not wearing proper shoes, shin guards etc.

In further consideration of being permitted to participate in Futsal or workshops, I knowingly, voluntarily, and expressly waive any claim I may have or acquire against ABQ Futsal and Saenz Productions for any injury, condition or damages that my child may sustain as a result of entering or being on th premises or participating in the Futsal or workshops.

I, my heirs or legal representatives, forever release, waive, discharge, and covenant not to sue ABQ Futsal, Saenz Productions and or any entities of the corporation (Saenz Productions) for any injury, condition or death, which arises, is caused by or is aggravated by reason of my child's participation in the programs.

I understand that it is my continuing responsibility to inform the instruction and staff at ABQ Futsal of any previous medical conditions, injuries or surgeries prior to my first class / game and at such other times as I acquire information as to the same.

Please list previous conditions, ailments, injuries and / or surgeries:

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I also understand that except for a monetary refund if deemed appropriate, I have no claims against ABQ Futsal, Saenz Productions or any entity associated with, by reason or their refusal to allow my child to participate in the programs.

**I have read the above Release an Waiver of Liability and fully understand it's contents. I voluntarily agree to the terms an conditions listed above.**

**Signature of Participant: _____Date:_____**

**Signature of Parent if under 18:_____Date: _____**