

**Liability Waiver and Medical Release Form
MINORS AGES 17 & YOUNGER**

**Arsenal Soccer Schools Hawaii
Hawaii Soccer School**

I hereby agree that I understand and accept the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other losses and damages, associated with the game of soccer and with my child's participation in a soccer clinic and related events to be held at venue on the date (the "Event") specified on the registration confirmation. I certify that my child is in sufficiently good mental and physical condition to participate in the Event.

I agree, on behalf of myself, my heirs, and personal representatives, that Arsenal Football Club plc, Hawaii Soccer School, and respective partners, subsidiaries, affiliates, owners, members, directors, officers, agents, employees, volunteers and training staff (collectively the "Covered Parties") shall not be held liable for any injury, damage to personal property, loss of life or other loss or damage as a result of my child's participation in the Event and any activities relating to the Event or conducted by the Covered Parties. It is my specific intention that none of the Covered Parties shall have any liability whatsoever as a result of or in connection with my child's participation in this Event. I hereby waive any claims that I might have against any Covered Parties and release all Covered Parties from any such liability. I agree to indemnify the Covered Parties against any such claims.

In addition, I hereby give my consent to Hawaii Soccer School, its owners and operators and all other Covered Parties to provide, through medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my child's participation in the Event. Notwithstanding the foregoing, I understand and agree that none of the Covered Parties have any obligation to provide any such medical/athletic training attention and the lack of any such medical/athletic training attention or the provision thereof on a voluntary basis shall be covered by the waiver and release set forth in this paragraph.

I further authorize all Covered Parties to obtain necessary medical treatment for my child if he or she is deemed medically unfit by a medical professional and hereby, in my own behalf and on behalf of my child, release and hold harmless the Covered Parties in the exercise of this authority. I further understand and agree that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child for any illness or injury that he or she may sustain during the Event and while traveling to and from the site for the Event, whether or not the Event actually occurs. I represent that any medication to which my child is allergic or medications that he or she is currently taking are listed below. I agree that my child shall bring medications which he or she is currently taking with him or her to the Event and that he or she shall consume the prescribed dosage for such medications.

I further grant the Covered Parties and their respective successors and assigns the perpetual worldwide and royalty-free rights to use, with the possibly of sale for the profit of the Covered Parties, my child's voice, photograph, and likeness, in any media related to my child's participation in this Event or any activities relating to the Event conducted by the Covered Parties including, without limitation, a videotape recording, without compensation to me, or my personal representatives, assigns, heirs, children, dependents, spouse and relatives. I also agree that my child's contact information may be provided to businesses that are contributing to the Event in a supporting role.

Cancellation Policy

In the event of cancellation by the organizers a full refund will be issued. In the event that the registered attendee cancels the following monies will be retained:

Up to one week prior to the event: \$20.00

After one week to the day of the event: 100%

Racism and Bullying

Arsenal Football Club operates a zero tolerance policy on racism and bullying. Any instances of behavior could lead to the expulsion from the program and no refund would be offered.

Personal Property: Arsenal Football Club, Hawaii Soccer School and all covered venues do not accept responsibility for the loss or damage to a person or personal property in connection with the program.

Medical Release

I authorize Hawaii Soccer School and all Covered Parties to obtain necessary medical treatment for the Minor if the Minor is deemed medically unfit by a medical professional and hereby, in my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Event and while travelling to and from the site for the Event whether or not the Event actually occurs.

I represent that any medication to which the Minor is allergic or medications that the Minor is currently taking are listed below. I agree that the Minor shall bring medications which the Minor is currently taking with him/her to the Event and that he/she shall consume the prescribed dosage for such medications.

Medications (if any) :

Allergic to (if any) :

I acknowledge that the Minor suffers from the following conditions :

Minor's Name :

Parent/Guardian's signature :

Date :

Please fill out and return to:

Arsenal Soccer Schools Hawaii
P.O.BOX 75043
Honolulu, HI 96836

Or by email at arsenalssh@gmail.com

Thank you