

GOT FC

2025/2026



TRYOUT WAIVER FORM

Participant Information:

- Name of Participant: _____
- Date of Birth: _____
- Address: _____
- City: _____ State: _____
- Zip Code: _____
- Emergency Contact Name: _____
- Emergency Contact Phone Number: _____

Parent/Guardian Information (if participant is under 18):

- Name of Parent/Guardian: _____
- Relationship to Participant: _____
- Phone Number: _____

Acknowledgment and Release of Liability:

I, the undersigned, acknowledge that I have voluntarily chosen to allow my child (or myself) to participate in the soccer tryouts organized by GOT FC. I recognize that participation in soccer, like any sport, carries inherent risks of injury, illness, or even death, and I accept full responsibility for these risks. I understand that GOT FC, along with its employees, volunteers, partners, and affiliates, cannot be held liable for any injuries or losses incurred during this event.

I release and discharge GOT FC and its representatives from any claims related to my involvement in the tryouts, regardless of whether such claims arise from negligence or other causes, to the maximum extent allowed by law. In consideration of allowing my child (or myself) to participate in these tryouts, I hereby release, waive, discharge, and covenant **not** to sue GOT FC, its owners, officers, directors, coaches, and volunteers from any and all claims arising out of my participation in the soccer tryouts, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I represent that I am in good physical and mental condition and able to participate in soccer activities. I agree to comply with all the rules and regulations set forth by GOT FC. My player son/daughter has received a physical examination from a licensed medical doctor and has been found physically capable of participating in the sport of soccer.

Photographic and Video Release:

I grant permission to GOT FC to photograph and/or video my child (or myself) during the tryouts. I understand these images may be used for promotional purposes, including but

not limited to website and social media postings.

Signature: _____

Player's code of conduct for tryouts:

All players at the GOT FC try out will follow the rules below.

- **I will always treat the coaches, my teammates, other players, and spectators with respect always.**
- I will not bully or haze any teammate or other person involved with the club. I will report any bullying or hazing to the coaches or staff members.
- I will remember that all players have talents and weaknesses, the same as I do. I will never ridicule or yell at any player for making a mistake.

I pledge that neither my child nor I will talk negatively about GOT FC or its staff, members or volunteers. Nor will we use social media in a manner that could damage the reputation of GOT FC or its members.

By signing below, I certify that I have read this waiver and fully understand its contents. I am aware that this is a release of liability and a contract between myself and GOT FC. I am signing it of my own free will.

- Signature of Participant (or Parent/Guardian if under 18):

- Date: _____