LIABILITY WAIVER AND RELEASE AGREEMENT

WBSA Official Tryouts - October 23-24, 2026

I, the undersigned parent or legal guardian, hereby authorize the participation of my child in the official soccer tryouts of the Walter Bustamante Soccer Academy (WBSA), to be held on October 23-24, 2026.

1. I acknowledge that playing soccer involves inherent risks, including injuries, and I voluntarily assume such risks on behalf of the player.

2. I release and hold harmless WBSA, its founder, coaches, volunteers, sponsors, and the owners and administrators of the facilities, from any injury, damage, loss, or claim arising from the player's participation in the event.

3. I authorize WBSA and its staff to provide first aid and, in case of emergency, to seek medical care for the player. I understand I will be responsible for any medical costs incurred.

4. I authorize the use of photographs and videos of the player taken during the event for WBSA promotional purposes.

I have read and understand this agreement, and I sign it voluntarily.

Player name: _____ Date of birth: _____

Parent / guardian name: _____

Emergency phone: _____ Relationship: _____

Signature: _____ Date: _____