



## FOOTBALL IN FLORIDA

### PLAYER WAIVER AND LIABILITY AGREEMENT

In consideration of being permitted to participate in Football In Florida (FIF) training sessions, camps and related activities (the Activities), the undersigned participant (and parent or guardian if under 18) voluntarily agrees to the following:

1. Assumption of Risk: I understand that football training involves inherent risks, including but not limited to injury, illness or accidents, and I knowingly and voluntarily assume all such risks.
2. Medical Fitness: The participant is physically fit to participate, and all known medical conditions have been fully disclosed to FIF.
3. Liability Waiver and Release: I, on behalf of myself, the participant, and our heirs, executors and assigns, hereby release, waive, discharge and covenant not to sue Football In Florida, its coaches, staff, employees, agents and affiliates from any liability, claims, demands or damages arising out of or related to the Activities, except where required by law.
4. Coaching Standards: All sessions are delivered by UEFA-qualified or equivalent Orlando-based coaches employed by FIF.
5. Booking and Refund Policy: All bookings must be made through FIF. Direct bookings with coaches are not permitted. Refunds are issued only if cancellation is received at least seven days before the session.
6. Weather and Scheduling: Sessions may be rescheduled or cancelled due to weather or unforeseen circumstances. If cancelled by FIF, then a refund is issued.
7. Conduct: Participants must behave appropriately and follow all instructions. FIF reserves the right to remove any participant for unsafe or disruptive behaviour without refund.
8. Medical Treatment Consent: I authorise FIF to seek and consent to emergency medical treatment for the participant if required, and I agree to cover any related costs.
9. Media Consent: I consent to photographs, videos, and other media of the participant being used for promotional purposes by FIF, unless I notify FIF in writing otherwise.
10. Governing Law: This Agreement is governed by the laws of the State of Florida (or the jurisdiction where the session takes place).
11. Agreement: I confirm I have read, understand and voluntarily agree to all terms above.

#### Participant Information

Participant Name: \_\_\_\_\_

Age: \_\_\_\_\_

Parent or Guardian Name (if under 18): \_\_\_\_\_

Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_