



# **Palm Bay Youth Soccer Participant Injury Liability Waiver & Release Form**

**Please print and complete the form prior to arrival.**

Event Dates: January 13th and or 14th of 2026

Location: Palm Bay, Florida - Veterans Memorial Park

Organization: Palm Bay Youth Soccer (PBYS)

## **Participant Information**

1st Player / Child's Name: \_\_\_\_\_

2nd Player / Child's Name: \_\_\_\_\_

3rd Player / Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

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

Email: \_\_\_\_\_

## **Acknowledgment of Risk**

I acknowledge that participation in youth soccer activities involves inherent risks, including slips, falls, collisions with other participants, ball impact, weather-related conditions, and other unforeseen incidents that may result in injury. I understand PBYS strives to provide a safe environment but cannot eliminate all risks associated with physical activity and sports participation.

## **Assumption of Risk**

By allowing my child to participate in PBYS events on January 13th, or 14th of 2026 I voluntarily assume full responsibility for any risk of injury, harm, or loss that may occur as a result of participation.

## **Liability Release**

I release and hold harmless Palm Bay Youth Soccer (PBYS), its directors, officers, coaches, volunteers, agents, sponsors, and event partners from any and all liability, claims, demands, causes of action, or expenses arising out of or related to any injury, loss, or damage that may occur during PBYS activities.

## Medical Authorization

I authorize PBYS staff or volunteers to provide basic first aid and, if necessary, to secure emergency medical care for my child if I cannot be reached. I understand I am responsible for any medical expenses resulting from such treatment.

## Photography & Media Release (Optional)

Palm Bay Youth Soccer loves capturing moments of fun, growth, and teamwork at our events. Photos and videos help us celebrate our players and share the positive experiences happening in our community. By selecting “**Yes**,” you give PBYS permission to use images or video of your child from this event in our social media posts, website, or promotional materials. PBYS will always use photos respectfully and will never share personal information. If at any time you would like a photo or video of your child removed from our platforms, PBYS will gladly honor that request.

- ☐ **YES**, I give permission for my child's photo/video to be used.
- ☐ **NO**, I do not give permission for my child's photo / video to be used.

**Event / Session Date:**

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**Signatures :**

**Parent / Guardian Signature:**

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**Printed Name:**

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