



**QUABBIN SOCCER ACADEMY  
LIABILITY WAIVER**

---

As parent / legal guardian of \_\_\_\_\_  
recognizing the possibility of physical injury associated with soccer and in  
consideration for Quabbin Soccer Academy (QSA) and its affiliates accepting the  
registrant for its soccer program and activities / program, I hereby release,  
discharge and/or otherwise indemnify QSA, the Town of Belchertown, its affiliated  
organizations and sponsors, their employees and associated personnel, including  
the owners of fields and facilities utilized for the programs, against any claim by or  
on behalf of the registrant's participation in the program and/or being transported  
to or from the same, which transportation I hereby authorize. My child has  
received a physical examination in the past twelve months by a physician and has  
been found physically capable of participating in the program.

\_\_\_\_\_  
Print Parent / Guardian Name

\_\_\_\_\_  
Signature of Parent / Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cell Phone Number