

8.0 Odyssey Waiver

Important: Please update this form throughout the 2015-2016 year with Odyssey team managers in event of a change in insurance, medical conditions, medications, allergies, etc.

If you have more than one child playing for Odyssey, a signed form per child must be submitted to each team manager.

Signatures below are an agreement for August 1, 2015 through July 31, 2016

The signature page must be received in addition to your payment to secure roster position.

Name of Participant: _____

Name of Legal Parent/Guardian: _____

I give my child listed above, full permission to participate in all activities held by the Odyssey Sport Soccer Club. I hereby authorize the any and all Odyssey Sport Soccer Club coaches or staff to act according to their best judgment in any emergency if I cannot be contacted. I further agree that Odyssey Sport Soccer Club should be held harmless from and indemnification against any liability, cost claims, loss or damages, which it or they may occur as a result of an accident to my child. I release and forever discharge any and all claims I may have or may acquire against Odyssey Sport Soccer Club, coaches, team managers, staff or club officers.

Please list any medical conditions or medications the participant is currently taking. Please also include allergies to food, insects, medications, etc. and any other possibly relevant medical information. All information will be held in the strictest confidence.

Parent/Guardian Health Insurance Company: _____

Insured/Policy Holder's Name: _____

Policy Number: _____

Plan Code: _____

Effective Date: _____

Parent/Guardian Legal Signature: _____

Date Signed: _____

Have a Great Soccer Year! Thank You for Being a Part of the Odyssey Difference!