



Unionville-Milliken Soccer Club
 4721 Highway 7, P.O.Box 64548, Unionville, Ont., L3R 0M9
 Bus: (905) 477-5425 Fax: (905) 477-6772 Web: www.u-msc.com

SPECIAL NEEDS SOCCER PROGRAM VOLUNTEER RELEASE FORM

Volunteer Contact Information:

First Name	Last Name	Gender Male Female
Street Address		
Town/City		Postal code
Home Phone Number	Business / Cell Number	Email Address (Parent / Player 18+)
Last Soccer Registration: Club _____ Year _____ Ever register outside Canada? Country _____		

DISCLOSURE OF RISK

For volunteers who will be on the field with the players during the Special Needs Soccer season, there is always a risk of injury that is inherent in such situations. In addition, there is also a possibility that players could kick, hit, bite or otherwise express themselves in a manner that could cause an injury to a volunteer. Volunteers need to be aware of this possibility and handle such a situation maturely if it should happen.

YOUTH VOLUNTEERS

In allowing young people who is under the age of 18 years to volunteer to assist with the Special Needs Soccer Program, the Unionville-Milliken Soccer Club wishes to insure that the parents of these young people are aware of some risks inherent in them taking on this responsibility. You must therefore complete and sign this release form on behalf of these volunteers.

ACKNOWLEDGEMENT OF RISK AND RELEASE and WAIVER OF LIABILITY:

To be signed by the volunteer, or in the case of volunteers under the age of 18 years, by their custodial parent, guardian or caregiver in respect of their youth volunteer.

As the undersigned volunteer or parent or legal guardian of this volunteer who is under the age of 18 years, I have read and understood the herein warning and accept the risks inherent in acting / having my child act as a volunteer with the Special Needs Soccer Program of the Unionville-Milliken Soccer Club, and agree as follows:

The undersigned acknowledges that the UMSC, or its Executive, Directors, Officers, Agents and Employees, Officials, Referees, Coaches, Assistant Coaches, Convenors and Volunteers (UMSC Staff) take no responsibility for injury or damage, risk of which is assumed solely by the Applicant on behalf of themselves and / or the person or persons on whose behalf they are signing below however caused, whether by tortious, deliberate or negligent conduct of the participant, spectators, bystanders, or UMSC Staff, and the undersigned saves harmless and indemnifies the said UMSC Staff from any claim for compensation for damage, including claims or suits arising from injury or damage suffered by the participant or other persons including the undersigned however caused.

 Volunteer name (printed)

 Date of birth (DD/MM/YY)

 Parent/legal guardian (printed)

 Parent/legal guardian signature

 Adult Volunteer signature

 Date (DD/MM/YY)