

**BRYC Travel Soccer Indoor League**  
**Liability Waiver**

**Team Name:** \_\_\_\_\_

**Players Name:** \_\_\_\_\_

**Players DOB:** \_\_\_\_\_

*Soccer is a physical contact sport*

I, the undersigned Parent or Guardian of: \_\_\_\_\_ Age: \_\_\_\_\_  
do hereby consent and agree that the above named minor may participate in the soccer program  
at South Run Field House. It is agreed that BRYC Travel Soccer and Fairfax County Park  
Authority assumes no legal liability for injuries, damage, theft or loss sustained on the premises  
as a result of such participation.

Signature of Parent / Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: H \_\_\_\_\_ W \_\_\_\_\_ Cell \_\_\_\_\_

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

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