



Consent and Release of Liability for St. Columba Soccer Club

St. Columba Catholic Church 7804 Livingston Road, Oxon Hill, MD 20745

Player's Name: _____

Print Player's Legal Name

Sex (Circle): Male Female

Birth Date: _____

mm/dd/yyyy

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Alt. Phone: _____

Game Season (Check): Spring Season: _____ Fall Season: _____

Year

Year

Soccer Commissioner: _____

I, _____, grant permission for my child, _____,

Parent/Guardian's Full Name

Print Player's Name

Participate in the Soccer Season 2024. This activity will take place under the guidance and direction of the St. Columba Soccer Club and/or volunteers from St. Columba Catholic Church.

I agree on behalf of myself, my child named herein, or our heirs, successors, and assigns, to hold harmless and defend St. Columba Catholic Church, its parish, officers, directors, employees and agents, and the Archdiocese of Washington, its employees and agents, chaperons, or representatives associated with the event, from any claim arising from or in connection with my child participating soccer season or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish, its officers, directors and agents, and the Archdiocese of Washington, its employees and agents and chaperons, or representatives associated with the soccer season for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/diocese.

Name of Parent/Guardian: _____

Print Parent/Guardian Full Name

Signature of Parent/Guardian: _____ Date: _____

Sign Your Name

Today's Date