PARENT/PLAYER WAIVER: I, the undersigned parent, certify that my child, named adjacent to my signature, has my permission to participate in the games and related activities of the Central Maryland Soccer Association, Inc. Leagues/Tournaments. I acknowledge and understand that soccer is a dangerous sport and that there is a possibility of injury to my child. I also acknowledge that participation in these CMSA, Inc. Leagues/Tournaments includes possible exposure to and illness from infectious diseases including but not limited to COVID 19. In consideration of my child's participation in the CMSA, Inc. Leagues/Tournaments; I hereby release, acquit and forever discharge indemnity, and hold harmless from any and all claims, demands, actions or causes of action for liability for damages arising out of, or in any way related to, my child's participation in the aforementioned leagues against CMSA, Inc. Leagues/Tournaments and all related officers, directors, representatives, employees, agents and volunteers associated with these organizations.

NOTICE: Central Maryland Soccer Association, Inc. does not provide any form of participant medical coverage. Insurance coverage is the responsibility of the participating teams and organizations.

ALL PARTICI	PANTS PLAT AT THEIR OWN RISK.	I HIS AUTHO	DRIZATION IS IN EFFEC	I FOR THE FALL 2021/5	PRING 2022 (DNISA, INC. LEAGUES AND	DIOURNAMENI	3.
TEAM NAME:	AGE GROUP:	PARENT ORGANIZATION:						
COACH CONTACT NAME:				ASSISTANT'S NAME:				
PHONE (H):	(W):	CELL:		PHONE (H):		(W):	CELL	:
E-MAIL:				E-MAIL:	•		'	
Team Waiver Form CMSA		A C	ovid-19	WAIVE	R F	ORM	Fa Sp	all 2021/ ring 2022
PLAYER'S NAME		DA	TE OF BIRTH	PARENT'S SIGNATURE				DATE

PLAYER'S NAME	DATE OF BIRTH	PARENT'S SIGNATURE	DATE