**INJURY RELEASE AND WAIVER**

**SECTION A: PARTICIPANTS AGED 18 AND ABOVE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand and agree that I am using the Athletic Facilities at 709 N. Aiken Avenue, Pittsburgh, PA 15206 at my own risk.

By using the Athletic Facilities, I agree to waive, release and discharge all claims of any kind against The Neighborhood Academy and Pittsburgh Soccer in the Community, their respective officers, directors, trustees, employees, agents, representatives and their respective heirs, legal representatives, successors and assigns, arising from and by reason of any and all personal injuries, damages and losses (including permanent disability and death) and/or property damages that, directly or indirectly, in whole or in part, are caused by, result from, or arise out of my use of the Athletic Facilities or any other part of the property at 709 N. Aiken Avenue, Pittsburgh, PA 15206.

**SECTION B: PARTICIPANTS UNDER 18**

I/We, the undersigned, understand and agree that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Participant”) is using the Athletic Facilities at 709 N. Aiken Avenue, Pittsburgh, PA 15206 at his/her own risk.

By allowing Participant to use the Athletic Facilities, I/we agree to waive, release and discharge all claims of any kind against The Neighborhood Academy and Pittsburgh Soccer in the Community, their respective officers, directors, trustees, employees, agents, representatives and their respective heirs, legal representatives, successors and assigns, arising from and by reason of any and all personal injuries, damages and losses (including permanent disability and death) and/or property damages that, directly or indirectly, in whole or in part, are caused by, result from, or arise out of Participant’s use of the Athletic Facilities or any other part of the property at 709 N. Aiken Avenue, Pittsburgh, PA 15206. This waiver shall be binding on myself/ourselves, Participant, his/her heirs, legal representatives, successors and assigns.

**SECTION C: ALL PARTICIPANTS**

I certify that I have read this Waiver & Release and that I agree to its terms.

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARTICIPANT’S NAME (PRINTED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_NAME OF PARENT/LEGAL GUARDIAN (PRINTED)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARTICIPANT’S DATE OF BIRTH | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PARTICIPANT’S SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_SIGNATURE OF PARENT/LEGAL GUARDIAN\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DATE |