

**AGREEMENT TO PARTICIPATE IN
MADISON TOP SOCCER**

I, _____ wish to participate in youth soccer, and more particularly the TOP Soccer program. In connection with my participation, I acknowledge the risk of possible physical harm to me as a result of my participation is increased because of (Name of disability) _____ which I sustained in the past, and for which I have received medical attention. While there is no immediate danger to me, I am told that due to my disability, strenuous collision type activities such as soccer could render me more susceptible to future problems than might normally expected.

I have considered participation in activities other than soccer and reviewed those considerations with my parents and physicians. I have discussed this situation with my parents and we understand the potential danger of participating in soccer.

Notwithstanding that my participation in the youth soccer constitutes more risk to me than it does to other Athletes, I nevertheless wish to participate in youth soccer. In making this decision, I am aware of the value of participating in youth sports programs in my life and choose to continue my participation in order to take advantage of those values. In weighing the risk of potential injury to myself both now and in the future, I wish to exonerate and save harmless TOP Soccer, their agents, servants, and employees, from liability as a result of an injury or death relating to (Name of disability) _____ and not to any injury that may occur in the future which is unrelated to my previous disability, I execute this agreement freely, fully intending to be bound by same.

Participant

Parent or Guardian

Date