

## **Phoenix Rising Youth Soccer Player Health & Wellness Program: Release of Liability**

I understand that, prior to beginning any player health and performance program I may need approval from my physician. I represent that I am in good physical condition and do not suffer from any health conditions that would limit or prevent my participation in these programs.

I understand that my participation in these programs are voluntary and I hereby consent to participate in these programs. I acknowledge and agree that my participation in the Phoenix Rising player health and wellness program and the use of any equipment while doing so may involve risk of personal injury. I assume full responsibility for all risks related to my participation. In consideration for my participation in the Phoenix Rising Player Health & Wellness program, I agree to hold Shane Sullivan and Phoenix Rising Youth Soccer its parent, subsidiaries and affiliated corporations, and its/their respective past, present, and future directors, officers, employees and agents of Phoenix Rising Youth Soccer harmless from all liability and claims arising out of or in connection with my participation in the Phoenix Rising Youth Soccer player health and wellness program. I hereby release and discharge Shane Sullivan and Phoenix Rising Youth Soccer from all liability arising out of or in connection with the Phoenix Rising Youth Soccer player health and wellness program. I understand that I am solely responsible for any loss or injury suffered by me or my property resulting from my participation in the Phoenix Rising Youth Soccer player health and wellness program