



Youth Waiver

I, as parent/guardian with legal responsibility for my minor child or ward, acknowledge that my child or ward will be engaged in activities that involve risk of injury at Soccer First, Inc., Field Sports Inc., The Golf Center at Sports Ohio, Inc., and/or Sports Ohio, Inc. and I do recognize and assume that risk, whether foreseeable or not reasonably foreseeable, on behalf of my child or ward, and consent on behalf of my child or ward, in connection with participation in activities of recreation and instruction at Soccer First, Inc., Field Sports Inc., The Golf Center at Sports Ohio, Inc., and/or Sports Ohio, Inc. On behalf of my child or ward and his/her legal representatives, I hereby release and agree to indemnify Steele Land Company, Soccer First, Inc., Field Sports Inc., The Golf Center at Sports Ohio, Inc., Sports Ohio, Inc., their affiliates, administrators, directors, agents, assigns, coaches and their employees, other participants, and sponsor agencies, from any and all claims and damages, including illness, disability and death and or loss or damage to personal or property instituting or arising out of my minor child's or ward's involvement or participation in the programs at Soccer First, Inc., Field Sports Inc., The Golf Center at Sports Ohio, Inc., and/or Sports Ohio, Inc., regardless of the cause, to the fullest extent permitted by law.

Ohio Department of Health Concussion Information

I, as parent/guardian with legal responsibility for my minor child or ward, or I as a high school student/participant under the age of twenty acknowledge I have received and read the Ohio Department of Health Concussion Information Sheet for Youth Sports Organizations. Any person designated as a "Coach" further certifies that he/she: (i) either holds a pupil-activity program permit for coaching interscholastic athletics or has successfully completed, within the three previous years, a training program in recognizing the symptoms of concussions and head injuries; (ii) has been informed of such requirements by the Youth Sports Organizations; and (iii) will remove an athlete under his/her supervision if the athlete exhibits signs, symptoms or behaviors consistent with having sustained a concussion or head injury.

Sudden Cardiac Arrest and Lindsay's Law Form

I, as parent/guardian with legal responsibility for my minor child or ward, or I as a high school student/participant under the age of twenty acknowledge I have received, read and executed the Ohio Department of Health Sudden Cardiac Arrest and Lindsay's Law Form. Any person designated below as a "Coach" further certifies that he/she has obtained the training required by Lindsay's Law (RC 3313.53210, 3707.58 and 3707.59).

Health Verification and Waiver

I acknowledge, agree, and represent that I understand on my own behalf or on behalf of participating minor child(ren) of which I am guardian over, the nature of the activities at Soccer First, Inc, Field Sports Inc., the Golf Center at Sport Ohio and/or Sports Ohio, Inc. and that I and/or the minor child(ren) participant(s) am qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I or the minor child(ren) participant(s) will immediately discontinue further participation. I acknowledge the following:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if caused by the negligence of others; and,
3. I agree to comply with all standard and customary terms and conditions for participation with regards protection against infectious diseases. If I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I further verify that I have performed all suggested symptom assessments required for participation and the participant(s) is/are not experiencing any symptoms which would otherwise prevent participation, nor is any member of my household experiencing any symptoms which would likewise prevent participation.
5. I further agree to comply with any and all federal, state, local and facility rules or regulations including, but not limited to, those related to health, safety and/or the spread of a contagious disease.

Media Release

By attending an event and/or participating in a program, you are granting permission to Sports Ohio, Inc., Field Sports, Inc., Soccer First, Inc., and The Golf Center at Sports Ohio, Inc., to have unlimited right, without charge, to use your likeness and/or the likeness of your children/wards in photos, videos, recordings and in all media now known or hereafter created to be used and distributed in perpetuity for promotional and publicity purposes. I do hereby authorize Soccer First, Inc., Field Sports, Inc., The Golf Center at Sports Ohio, Inc., Sports Ohio, Inc. and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they deem appropriate in its promotional materials or team films. By attending an event and/or participating in a program, you release Sports Ohio, Inc., Field Sports, Inc., Soccer First, Inc., and The Golf Center at Sports Ohio, Inc., and their staff, from any liability arising from the use of said likeness.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____ Phone No.: _(_____)_____

Address: _____ City, State, Zip Code: _____

Email Address: _____

Minor Child or Ward's Printed Name: _____ Date of Birth: ____/____/____