

**LEHIGH VALLEY SUMMER SOCCER LEAGUE  
INJURY AND LIABILITY RELEASE FORM**

Team Name: \_\_\_\_\_ Division: \_\_\_\_\_

**INJURY AND LIABILITY RELEASE CLAUSE:**

I, the undersigned, do hereby assume all risks and hazards incidental to participation in the Lehigh Valley Summer Soccer League, including transportation to and from activities; and do hereby waive, release, absolve and indemnify and agree to hold harmless the Lehigh Valley Summer Soccer League, Lehigh University, the City of Bethlehem and the Department of Parks and Recreation, their agents and employees from suits of law, of whatsoever kind of nature.

I acknowledge and accept personal responsibility for my accident and medical insurance coverage.

I have read, understand and agree to abide by the League Rules and Regulations.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Player: \_\_\_\_\_ Age: \_\_\_\_\_  
(Please print) (if 17 or younger)\*

\*Must also submit a signed Parental Release form available from the league website:  
[www.lvssl.org](http://www.lvssl.org)