



THE VICTORY WAY

VICTORY ATHLETIC CENTER "THE VAC"

3 VIA POSITIVA, SAN JUAN CAPISTRANO, CALIFORNIA 92675

RELEASE OF LIABILITY

Participant Name: _____

(SIGNATURE IS REQUIRED FOR ACCEPTANCE OF PARTICIPATION) In consideration of my participation as a Player/Coach /Participant at the VICTORY ATHLETIC CENTER ("The VAC") recognized or sanctioned events, I agree to the following:

Waiver and Release: I am fully aware of and understand the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in an athletic event. I further agree on behalf of myself, my heirs, and personal representatives, that VICTORY SPORTS, the host organization, and sponsors and associates including Capistrano Unified School District and the City of San Juan Capistrano along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in the event.

Medical Attention: I hereby give my consent to The VAC and the host organization of any VICTORY SPORTS recognized or sanctioned event to provide, through a medical staff of its choice, medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation at The VAC's recognized or sanctioned events.

Readiness to Compete: I will only participate in those competitions or activities in which I believe I am physically and psychologically prepared to participate.

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal guardian of this participant, I hereby verify by my signature below that I have read and fully understand each of the above conditions for permitting my child or my ward to participate in any VICTORY SPORTS recognized or sanctioned event, and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Participant Name		Participant Age /Grade	
Team Name			
Parent/Guardian Email and Phone	Email: Phone:		

Parent/Guardian Signature: _____ **Date:** _____

Parent/Guardian Printed Name: _____

Emergency Contact Person: _____ **Phone:** _____

The Victory Way office: 1001 Avenida Pico Suite C #627, CA 92673

Questions? Please email: thevac@vlax.org or call (949) 276-8929

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thevictoryway.org