



THE VICTORY WAY

VICTORY ATHLETIC CENTER

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 in a recognized or sanctioned event(s) at the VICTORY ATHLETIC CENTER ("The VAC"), 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 THE VICTORY WAY, the host organization managing the VICTORY ATHLETIC CENTER, 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 a recognized or sanctioned event(s).

Medical Attention: I hereby give my consent to The VAC and the host organization of any THE VICTORY WAY recognized or sanctioned event(s) 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 in a recognized or sanctioned event(s).

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 THE VICTORY WAY recognized or sanctioned event(s), and I accept each of the above conditions, especially the waiver and release set forth in paragraph one.

Participant Name		Participant Age /Grade	
Parent/Guardian Email			
Parent/Guardian Phone			

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

Parent/Guardian Printed Name: _____

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

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

Questions? Please email: thevac@vlax.org or call (949) 545-6286