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PARENT'S CONSENT WAIVER

I, (name of the parent/guardian) _____,

declare that, the participant, _____, is physically fit and able to engage in the sports activities, training, and tournaments of Adam Casey's Football Academy. I hold the organizers and the staff of the event free and harmless from any liabilities that may arise from any incident arising from misinterpretation of my declaration herein. I understand that the organizers and the staff of Adam Casey's Football Academy are competent to undertake supervision of the activities in the soccer program and I understand that they exercise due diligence to ensure the safety and well-being of the participants. I shall not hold the organizers and the staff liable in any manner whatsoever for any injuries/ damages/ he/ she may suffer or incur directly or indirectly in participating in the event. In case of any requirement of clinical need or hospitalization, I will be responsible to cover my child's own medical expenses and I hold the organizers and its staff free from any liabilities.

During training or tournaments, Adam Casey's Football Academy may be taking photos and may be used for media or marketing purpose only. I agree to give permission for my child's photo to be taken. This waiver extends to the succeeding modules that the above student will be enrolled in.

Parent/ Guardian's Signature: _____

Relationship to Participant: _____

ACFA Training Camp Venue: _____

Date Signed: _____

Please do not forget: (1) To bring this signed waiver form on your first training day.

(2) To attach your deposit slip/ payment for faster enrolment processing.