

St. Louis Scott Gallagher – Metro Tryouts  
Parent/Child Waiver Form

**Liability**

My child has permission to participate in the St. Louis Scott Gallagher Soccer Soccer Club Tryouts. I voluntarily and knowingly agree to release the Metro United Soccer Complex, St. Louis Scott Gallagher Soccer Club LLC and its coaches, staff, and players from any liabilities, damages or injuries that result from participation in St. Louis Scott Gallagher activities. I hereby give my permission for my child to be medically treated for injuries or illness during his/her participation in the tryout sessions.

Player Name (Print): \_\_\_\_\_

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

Parent Name (Print): \_\_\_\_\_

**Personal Likeness**

St. Louis Scott Gallagher Soccer Club LLC has my permission to use my child's photograph, video and audio recordings, likeness, artwork, profile and/or story in future publications, web pages and other promotional materials produced, used by and representing St. Louis Scott Gallagher Soccer Club. I understand the circulation of the materials could be worldwide and that there will be no compensation to me for this use.

Player Name (Print): \_\_\_\_\_

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

Parent Name (Print): \_\_\_\_\_

