



**Pro Select Soccer, Inc.
International Training
Release of Liability**

I hereby authorize Pro Select Soccer and the entire Pro Select Staff to act accordingly to their best judgment in any emergency requiring medical attention. I hereby waive and release Pro Select Soccer, Inc. and all Pro Select Staff from any and all liability for any injuries and illness while involved with Pro Select Soccer Training.

Player's Name _____

Player's Signature _____

Parent's Name _____

Parent's Signature _____