Liability and Waiver Form for Underage Player Participation

I,_____, hereby acknowledge and agree to the terms outlined in this Liability and Waiver Form in connection with my participation in GFA activities, specifically as a member of the GFA Women's Futsal League.

1. **Age Requirement**
    a. I understand that the minimum age requirement for participation in the GFA Women's Futsal League is 16 years old. I acknowledge that I do not meet this minimum age requirement but request special consideration for participation.
2. **Acknowledgment of Risk:**
    a. I am aware that participating in football activities involves certain inherent risks, including but not limited to physical injury, illness, or death. I voluntarily assume all such risks and agree to abide by all rules and regulations set forth by GFA.
3. **Parental/Guardian Consent:**
    a. I,_____, as the legal parent/guardian of the player, grant permission for my child to participate in the GFA Women's Futsal League activities, notwithstanding the fact that she does not meet the minimum age requirement. I acknowledge the risks associated with her participation and consent to her involvement in GFA activities.
4. **Waiver and Release of Liability:**
    a. I, on behalf of myself, my child, my heirs, executors, administrators, and assigns, hereby waive, release, and discharge GFA, their officers, directors, employees, coaches, and agents from any and all claims, liabilities, demands, actions, or causes of action arising out of or related to any loss, damage, injury, or death that may occur as a result of my child's participation in GFA Women's Futsal League activities.
5. **Agreement to Abide by Rules:**
    a. I understand that my participation is contingent upon adherence to all rules and regulations established by GFA. I agree to comply with all such rules and regulations.
6. **Emergency Medical Treatment Authorization:**
    a. In the event of a medical emergency, I authorize GFA and its representatives to secure medical treatment for my child, including hospitalization, anesthesia, surgery, or other medical procedures deemed necessary for her well-being.
7. **Photography and Publicity Release:**
    a. I grant GFA the right to use photographs, video recordings, and other likenesses of my child for promotional and publicity purposes.
8. **Guarantee of Selection in Guam National Team:**
    a. I understand and acknowledge that participation in the GFA Women's Futsal League does not guarantee the player a spot in the selection of any national teams.

I have read and understood the terms of this Liability and Waiver Form, and I voluntarily agree to be bound by its terms.

Player Signature & Date	Player Legal Guardian Signature & Date
Club President Signature & Date	GFA Women's Futsal League Team Coach Signature & Date
Club Technical Director Signature & Date	

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