

Long Beach Soccer Referee Association

Parent Consent and Indemnity

To: The Board of Directors

Long Beach Soccer Referee Association, Group

I, _____ being the mother/father/
legal guardian of _____ a member of the **Long Beach
Soccer Referee Association** Group, hereby request you to allow/ him/her to take part in refereeing /
assignment to be held at _____ from _____
to _____.

I hereby appoint and authorize the member in-charge to act in place as parent with full authority to
consent to my son/daughter undergoing surgical or other medical treatment. I undertake to pay the cost of
such treatment. I fully understand and accept that all activities are undertaken at my son's/daughter's
own's risk.

I am aware that neither the **Long Beach Soccer Referee Association** nor its Members accept
responsibility for any loss, injury or damage that the person or property of my son/daughter may sustain
while engaged in any activity on the course and I waive any right that I or my son/daughter may have to
claim compensation against the **Long Beach Soccer Referee Association** or any of its Members
or other members in respect of any loss, injury or damage incurred while engaged in any activity as
a referee however arising and whether as a result of negligence or otherwise and I indemnify them against
all such claims.

Address: _____

Signed: _____
Mother/Father/legal guardian

Insurance Company _____

Number _____