

DOXA Soccer & Goalkeeper Academy

Release of Liability, 2026



Player Information:

Name: _____

Date of Birth: _____

Parent/Guardian Information:

Name: _____

Email: _____

Phone: _____

I understand that playing soccer is a physically demanding sport. Naturally, there are intrinsic risks involved, including physical injury throughout the course of playing. With this understanding, I authorize the staff of DOXA Soccer & Goalkeeping Academy to use their best judgment in an emergency situation and release them from liability resulting from injury sustained as a result of participation in the sessions on behalf of

(Player's name)

DOXA Soccer & Goalkeeping Academy & Partner Facilities listed above assume no responsibility from personal injury, and loss of/damage to property. I also certify that the above-named player is physically able to participate in the goalkeeper training activities.

This release of liability form is good for any DOXA-related camp/activity for the year 2026.

Parent/Guardian Signature: _____

Date: _____

Medical Information:

Please list any/all medication that your child takes and any/all medical conditions that should be made known to the staff of DOXA Soccer & Goalkeeping Academy

Emergency Contact Information:

Name: _____

Phone: _____

Please bring this completed form with you to the first session, or mail/email it to the addresses below:

Mailing Address: Kevin Butterfield
7328 Patterson Ave SE
Caledonia, MI 49316

Email Address: kevin@doxasoccer.com

DOXA Photo Release (2026)



For good and valuable consideration, the receipt of which is hereby acknowledged, I, _____, hereby grant DOXA Soccer & Goalkeeping Academy permission to use my child's, or children's, likeness in a photograph in any and all of its publications, including but not limited to all of DOXA Soccer & Goalkeeping Academy's printed and digital publications. I

understand and agree that any photograph using my child's, or children's, likeness will become property of DOXA Soccer & Goalkeeping Academy and will not be returned.

I acknowledge that since my child's, or children's, participation with DOXA Soccer & Goalkeeping Academy is voluntary, I will receive no financial compensation.

I hereby irrevocably authorize DOXA Soccer & Goalkeeping Academy to edit, alter, copy, exhibit, publish, or distribute these photos for purposes of publicizing its programs or for any other related, lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my child's, or children's, likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of any photographs.

I hereby hold harmless and release and forever discharge DOXA Soccer & Goalkeeping Academy from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Check one: I agree to the photo release as described above, good for any DOXA-related camp/activity during the year 2026.

I do not agree to the photo release as described above.

Child's/Children's name(s): _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

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