



The Villages Soccer Club

CONSENT, RELEASE AND WAIVER LIABILITY

(must be signed to participate)

I, _____ the parent/legal guardian of _____ (minor child) recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the The Villages Soccer Club, their sponsors, its affiliated organizations, the owners of the fields and facilities utilized, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in The Villages Soccer Club programs and/or being transported to or from the same, which transportation I hereby authorize.

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted.

I attest that my child is physically fit and has no known medical conditions which prohibit participation in this sport and do hereby grant permission to The Villages Soccer Club to accept my child into the Club's program.

In addition, I hereby grant The Villages Soccer Club, the absolute right and permission to use my child's likeness in a photograph, video, broadcast, publish or copyright and use pictures of my child in which he or she may be included in whole or in part, composite or retouched in character or form, without payment or any other consideration. I also understand that the photographs and videos may be used without any further consent or authorization from me.

Parent/Guardian Signature

Print Name

Date

PLAYER'S EMERGENCY CONTACT INFORMATION

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Phone _____

Name _____ Phone _____

Allergies/Medical Conditions _____

Player's Physician _____ Phone _____

Medical Insurance Company _____ Policy Holder _____

Policy # _____ Group # _____