



## RELEASE AND WAIVER OF LIABILITY

	PARTICIPANT'S NAME Please type or print clearly.	PARENT OR GUARDIAN If participant is under eighteen please type or print.	SIGNATURE Parent or Guardian must sign if participant is under eighteen.	DATE Please type or print
1				
2				
3				

I/We hereby agree;

1. To abide by the rules of Extreme Soccer Club, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Extreme Soccer Club accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release,
2. discharge and/or otherwise indemnify and hold harmless Extreme Soccer Club, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim or written demand by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.
3. To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or my well-being.
4. To hereby give my consent to Extreme Soccer Club to take photographs, video recordings, and/or sound recordings in documenting the activities of Extreme Soccer Club programs and services. I grant Extreme Soccer Club, and their affiliate's permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Extreme Soccer Club educational and promotional purposes in manuals, on flyers, the internet, or other publications.

CONTACT \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_