

UNITED PARISHES SOCCER CLUB

www.unpsoccer.org



Wavier of Liability and Release Form

This form must be completed for each soccer player (participant) and, if the player is under 18-years old, must be signed by the player's parent or legal guardian.

No player will be allowed to participate in a program hosted by United Parishes Soccer Club without this form, properly executed, and on file.

Participant's Name: _____

Participant's Date of Birth: _____

I, the undersigned, in consideration for my voluntary participation in organized soccer training, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

My player status will be kept in good standing. I will not compromise myself in such a way as to do harm to the program, knowing that players may be dismissed from participation, with possible loss of payment, for violent conduct or unsportsmanlike behavior on or off the field of play. I agree to pay for any and all damages to any property or indemnities caused by me willfully, negligently, or otherwise.

Soccer is a physical, contact, sport that involves the risk of injury. I assume all risks and hazards associated with my participation in the sport. I am in proper physical condition to participate in soccer practices and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. I will inform my coach if this status changes. I further acknowledge that this risk may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I will wear shin guards, properly-fitted and appropriate shoes, and other protective equipment, as provided by soccer rules, to all events.

The program does not have personal injury insurance that covers my participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my participation. Under any condition, I am responsible for any and all medical expenses arising from my participation. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach or supervisor of the condition and may refuse to participate. Participation assumes consent.

I authorize that an unaltered copy of this form may be generated and given to St. Joseph Church in order to allow my participation in this soccer program, if the form is required and I have requested to participate.

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I hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue, United Parishes Soccer Club, St. Joseph School or Church, the Diocese of Harrisburg, Springettsbury Township their associated directors, administrators, officers, managers, employees, coaches, trainers, volunteers and other agents, estates or executors, from any and all liability incurred in the conduct of, and my participation in, their soccer programs. This includes owners, lessors, and lessees of premises, municipalities, government agencies, successors, heirs, and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of myself and my personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

For players under the age of eighteen (18) years (minor):

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the participant (player/minor) named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent or Guardian Name

Parent or Guardian's Signature and Date



Medical Release Form

Participant's Name: _____ Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Emergency Contact Information:

Primary Name: _____

Phone Number: _____

Alternate Name: _____

Phone Number: _____

Medical Insurance Company:

Policy Holder: _____

Policy #: _____

Group #: _____

Phone number: _____

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the program. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Parent or Guardian Name

Parent or Guardian's Signature and Date