



NSSC 2009-2010 Tryouts Consent Form

Player Name: _____

Address: _____

City: _____ State: _____ Zip: _____

e-mail: _____

Parents names: _____

Emergency Phone: _____

Current Club: _____ Current team: _____

Age as of August 1, 2009: _____ Date of Birth: _____

I acknowledge that soccer or any sporting event is an extreme test of a person's physical and mental limits and carries with it the potential for serious injury, or property loss. I hereby take the following action for myself, my executors, administrators, heirs, next of kin, successors and assigns:

- a) **I WAIVE, RELEASE, AND DISCHARGE** from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my participation in, or my traveling to and from the soccer event, **THE FOLLOWING PERSONS OR ENTITIES:** the Club any Players or Coaches; any Officers, Directors, Employees, Representatives and Agents of the above.
- b) **I AGREE NOT TO SUE** nor bring any type of lawsuit against any persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and
- c) **I INDEMNIFY AND HOLD HARMLESS** the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

The undersigned, (parent/guardian) the parent and natural guardian or legal guardian of child identified above hereby the forgoing Waiver and Release for and on behalf of the named herein. I hereby bind myself, the minor and all other assigns to the terms of the Waiver and Release. I represent that I have legal capacity and authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injuries received by said minor arising out of, or relating to the Soccer Event. I authorize any such Medical Provider to perform all procedures deemed medical advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor.

Parent/Guardian (MUST BE SIGNED)

Relationship to Minor

WITNESS