

2016-17 Medical / Media Release

MUST BE ACCEPTED BEFORE PARTICIPATING IN ANY USYF/USAF LEAGUE EVENT

Player Name _____ Birthdate _____ Gender _____
Full Team Name _____ Age Group _____

I, the parent/guardian of the above named Registrant, in consideration of accepting the Registrant for their Futsal programs and activities (collectively the "Programs") and recognizing the risk of potentially significant physical injury occurring by participation in the Programs, including permanent disability or death, for myself and Registrant, do knowingly and freely assume all such risks, both known and unknown, and assume full responsibility for the Registrant's participation in the Programs. Further, I, for myself and Registrant, and on behalf of our respective heirs, assigns, personal representatives and next of kin, do hereby release, indemnify and hold harmless, its affiliated organizations and sponsors, and each of their employees, volunteers, agents, other participants, hosts, sponsors, advertisers, and the owners of the premises upon which the Programs are held (collectively, the "Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property incident to Registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize, and whether arising from the negligence of the Releases or otherwise, to the fullest extent permitted by law. I hereby warrant and represent that the Registrant has received a physical examination by a physician and has been found physically capable of participating in the Programs with no reservations or restrictions. I, for myself and Registrant, do hereby consent to have a doctor of medicine or dentistry, a licensed nurse or emergency technician provide Registrant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY

Parent/Guardian signature _____ Date _____

I, the parent/guardian of the above named Registrant, in consideration for accepting the Registrant for their Futsal programs and activities (collectively the "Programs") hereby grants to the unrestricted right and permission, free from approval, review or cost, to photograph, record or otherwise capture the Registrant's likeness in all media, now or hereafter known, including, but not limited to pictures and video, to copyright the same in its own name, and which may be included in whole or in part for any commercial or promotional use of at its discretion.

Parent/Guardian signature _____ Date _____