

Iowa Soccer Club
220 Lafayette St.
Iowa City, IA 52240
Ph.: 319-337-5479

RELEASE OF LIABILITY

MUST READ & SIGN BEFORE PLAYER LISTED BELOW WILL BE ALLOWED TO PARTICIPATE.
IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE IOWA SOCCER CLUB.

PLAYER/PARTICIPANT:

Last Name: _____ First: _____ Middle Initial: _____
Address: _____
City: _____ Zip: _____
Birthdate: _____ M or F: _____ Telephone: H) _____ W) _____
E-mail _____ **Cell Phone:** _____

The undersigned, parent or legal guardian of the above player/participant (_____) recognizes that indoor/outdoor soccer and its related activities are vigorous activities and that the Participant may suffer temporary or permanent serious physical injuries including, but not limited to, sprains, fractures, eye injuries, exacerbation of pre-existing medical conditions, brain or spinal damage, paralysis or even death while playing, watching or attending a game, tournament, classes, party activities, rentals, practice or scrimmage, or by use of associated (instructional) equipment or facilities. The undersigned, parent or legal guardian of the Participant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to the sport of soccer and its related activities including, but not limited to, head injuries suffered by players impacting each other, goalposts, or the ground; violent or overly rough play; playing in weather that may be dark, hot, wet or slippery; player fights; injuries caused by field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players.

With full knowledge of the above referenced risks and in consideration of the Iowa Soccer Club accepting the Participant in its soccer program(s) at its facility or other venue(s), the Participant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and hereby release, discharge, and agree to indemnify the Iowa Soccer Club, coaches and staff, directors, officers, and volunteers, league and tournament sponsors and their respective directors and officers and any of their facilities utilized for soccer and its related activities as to any loss or liability, including medical costs, resulting from claims or causes of action based on allegations of negligence by or on behalf of the Participant and his or her parents or legal guardians.

I hereby represent/declare that the Participant is fit and healthy to participate in the rigors of soccer and its related activities. This release shall remain in effect for the duration of the 2007-2008 season through August 31, 2008.

X _____ **Date:** _____
Parent/guardian or Adult Participant Signature

Printed Name: _____

Address: _____

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EMERGENCY INFORMATION AND CONSENT FOR MEDICAL TREATMENT

IN CASE OF EMERGENCY

Name of physician: _____ Clinic or Hospital: _____

If parent/guardian/spouse cannot be reached, contact: _____

Relationship to participant: _____ Telephone: H) _____ W) _____

PARENT'S OR GUARDIAN(S) NAME: (PARTICIPANTS UNDER 18 YRS. ONLY)

Mother/Guardian: _____ Telephone: H) _____ W) _____

Father/Guardian: _____ Telephone: H) _____ W) _____

I understand that I (or my parent/guardian, if I am a legal minor) am fully responsible for all related costs of care and treatment, and I (or parent/guardian) accept(s) such responsibility.

CONSENT FOR MEDICAL TREATMENT

I hereby authorize the following persons to administer emergency medical treatment to myself or my child, the Participant, for any injury or other medical emergency while at an Iowa Soccer Club practice, game, tournament, scrimmage, or other venue(s): All coaches and managers of my child's team and/or the Iowa Soccer Club's management, employee, officers, game officials, sponsors' officials or agents of any league or tournament that my child or participant may participate in. This consent also authorizes those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of myself and/or my child. My child and I hereby release, hold harmless and agree to indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This consent for medical treatment shall remain in effect for the duration of the 2007-2008 season through August 31, 2008.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact the Iowa Soccer Club to discuss any questions I had about the above Release and Consent.

Parent/guardian or Adult Participant

Signature: _____

Date: _____

Printed Name: _____

Address: _____
