

## Player Release and Authorization

I, the undersigned parent or legal guardian of the below-named player, a minor ("Player"), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows:

**EMERGENCY AUTHORIZATION:** I hereby authorize each of the coaches, team parents, and/or other officials of the American Youth Soccer Organization ("AYSO") to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk.

**I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT PRINTED BELOW, I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND THE PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. FURTHERMORE, I AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM OR ITS ATTACHMENTS CHANGES.**

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation and or in the program itself, I will remove player from participation and bring such concern to the attention of the nearest official immediately and also of the regional commissioner as soon as possible thereafter.

In consideration of accepting the registration and permitting the voluntary participation of the Player in AYSO programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law AYSO, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by AYSO and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any AYSO-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge that AYSO is primarily administered by volunteers rather than paid professionals.

I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect.

**ACKNOWLEDGEMENT AND CONSENT:** I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available from the Safety Director of my region or on-line at <http://soccer.org/Resources/Forms/Insurance+Forms.htm>, as the same may be amended from time to time, and either I have read and understand the terms or I will do so before permitting Player to participate. For both internal and external use, I acknowledge that AYSO may compile and use addresses and soccer photographs of Player consistent with the AYSO Privacy Policy set forth at <http://soccer.org/AdminManagement/Legal/Privacy+Policy.htm>, as the same may be amended from time to time. I consent to such uses and hereby waive all rights to compensation.

Player's Name \_\_\_\_\_

Medical conditions Coach should know about \_\_\_\_\_

\_\_\_\_\_

Parent / Guardian \_\_\_\_\_

Parent / Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

