



**Release of Liability, Consent
for Medical Treatment, and
Consent for Use of Photography
or Video Form.**

Must Read and Sign All Sections Before Player Listed Below Will Be Allowed To Participate

Player/ Participant:

Last Name: _____ First: _____ Middle Initial: _____
Address: _____ City: _____ Zip: _____
Birth date: _____ M or F: _____ Telephone: H) _____ W) _____

In Case of Emergency:

Name of physician: _____ Clinic: _____ Hospital: _____

Person to contact if parent/ guardian spouse cannot be reached: _____

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

Spouse Name: _____ Telephone: H) _____ W) _____

Parent or Guardians Name: (Participants Under 18 Yrs. Only)

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

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

Release of Liability

Waiver/ Exclusion Clause: I, the above signed parent/ guardian/ participant, in enrolling at Pro-Kix, understand that he/ she/ I in attending any Pro-Kix program and using the facilities does so at his/ her/ my own risk. Pro-Kix and its owners, employees and agents shall not be liable for any damage whatsoever arising from any personal injury or property loss sustained by participant and his/ her/my family in or about any programs on the premises. Parents/ guardians/ participants assume full responsibility for all injuries and damages which may occur in or about any programs on the premises and does hereby fully and forever release, discharge and hold harmless Pro-Kix, and all associate facilities and its owners, employees and agents from any and all claims, demands, damages, rights of action, present or future resulting from or arising out of any person's participation in any program or use of its facilities. In addition, the participant agrees to follow the rules of play and conduct set by Pro-Kix. Participant/ parent/ guardian understands that failure to do so may result in suspension from participation. I hereby grant authority to the staff of Pro-Kix to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence.

X _____
Parent/ guardian or Adult Participant Signature Date

Consent for Medical Treatment

With Full knowledge of the risks of injury in the game of soccer and its related activities, 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 practice, game, tournament, scrimmage, or playing at Pro-Kix: All coaches and managers of my child's team and/ or Pro-Kix management, employee, officials, or agents of any league or tournament that my child or participant my participate in. This consent also extends the right to 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 indemnify the above listed persons from any injury or damage related to administration of emergency medical care as authorized herein.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact the manger of Pro-Kix to discuss any questions I had about the above Release and Consent

X _____
Parent/ guardian or Adult Player Signature Date

Consent For Use Of Photography

My child and I understand that Pro-Kix may take photographs and/ or video in which the participant herein may be a participant and/ or spectator. I hereby consent Pro-Kix use of any such photos, videos, likeness or name in program promotions and/ or marketing of such programs without notice or any compensation. I waive all rights that I/ my child may claim in relation to the use of such photographs, videos likeness or name.

X _____
Parent/ guardian or Adult Player Signature Date