

Mifflin County Soccer Club

(This is a legally binding document and by participating, viewing or remaining on premises, you are assuming the risk of injury.)

Soccer Survivor Tournament Registration/Release

PARTICIPANT: _____ AGE: _____ BIRTH DATE: _____

ADDRESS: _____ PHONE: _____

CITY/TOWN: _____ STATE: _____ ZIP: _____

PARENT OR
GUARDIAN: _____ PHONE: _____

INSURANCE COMPANY: _____ POLICY # _____

PLAYERS
PHYSICIAN: _____ PHONE: _____

MEDICAL PROBLEMS OR
ALLERGIES: _____

MEDICAL RELEASE, RISK ACKNOWLEDGEMENT AND CONSENT TO PARTICIPATION AND LIABILITY WAIVER AND RELEASE

(To be signed by participant and, if participant is under 18 years of age, by the participant's parent or guardian.)

1. I hereby give full permission for any and all medical treatment necessary to be administered to me, or to my child in case of an accident, injury, or sickness, under the direction of the person listed above. This release is in effect until I may revoke or change its terms. I also hereby assume the responsibility for payment of such treatment. I understand that the Mifflin County Soccer Club does not provide medical insurance or coverage for participants or spectators.
2. I (or my child) wish to participate in a sports activity organized by the Mifflin County Soccer Club. I/we realize that there are dangers and risks involved in this participation. Some of the dangers inherent in indoor sports are the hard physical contact, and the impact from a thrown, kicked or struck ball. Some of the risks include a full range of injuries from minor to severe, and include infections, broken bones, permanent disability, or death. I also understand that the risk of injury applies even to spectators of this program. Moreover, if I (or my child) have a special condition, I understand that this may create additional risks. I understand that it is my responsibility to determine the nature and extent of these risks, and based on that knowledge, decide whether I (or my child) will participate and, thereby, accept the additional risk. In consideration of using Mifflin County Soccer Club's facilities, I agree to accept the risks of participating and agree and understand that playing sports can be hazardous, and agree not to sue the following entities and further agree to release, discharge and/or otherwise indemnify, Mifflin County Soccer Club, its employees, associated personnel, board of directors, and the owners of the fields or other facilities. I voluntarily assume the risk of injury while I (or my child) am participating am or present at Mifflin County Soccer Club events and agree to report any injuries before leaving the facility.

Participant's signature

Parent / Guardian (if child is under 18)

Date

Participant (Print)

Parent or Guardian (Print)