

FC PRIDE SOCCER PPC WINTER INDOOR LEAGUE LIABILITY AND MEDICAL PERMISSION FORM

EVENT INFORMATION:

Name of Event: 2019-20 FC Pride PPC Winter Indoor League Event Dates: November 24 – January 5, 2020
January 19 – February 23, 2020

PARTICIPANT INFORMATION:

First Name: _____ M.I. _____ Last Name: _____
Date of Birth: _____ Gender: _____ Phone Number: _____
Parent/Guardian Name: _____ Phone: _____ Email: _____
Parent/Guardian Name: _____ Phone: _____ Email: _____
Address: _____
Current Club: _____

IN THE EVENT A PARENT/GUARDING CANNOT BE REACHED, PLEASE CONTACT THE FOLLOWING:

Name: _____ Phone: _____
Physician: _____ Phone: _____
Medical/Hospital Insurance Company: _____ Phone: _____
Policy Holder's Name: _____ Policy Number: _____

PLEASE READ CAREFULLY BEFORE SIGNING

In consideration of my being permitted to participate in the Event and Activities referenced above (collectively, the "Event/Activity"), wherever the Event/Activity may occur, I hereby attest that, after reading this Sports Waiver and Permission Form completely and carefully, I acknowledge that my participation in the Event/Activity is entirely voluntary, and I further understand and agree as follows:

ASSUMPTION OF RISK/LIABILITY RELEASE AND INDEMNITY: I understand that incidental to my participation in the Event/Activity, I may be engaging in activities that involve the risk of serious personal injury, illness, permanent disability, dismemberment, and death, and that such participation may also involve the risk of severe economic and property loss and damage. I understand that these risks may result from the actions, negligence and failure to act of myself and others (including but not limited to other individuals in attendance at the Event/Activity and the Released Parties) and from the condition of any property, facilities or equipment used. I also understand that there may be risks involved which are not known to me or to the Released Parties, and may not be foreseen or reasonably foreseeable by any of us at this time or at the time of the Event/Activity. I agree to assume all of the foregoing risks, which risks may include, among other things, muscle injuries and broken bones, as well as the risk of any negligence by other participants or by the Released Parties, and the risk of injury caused by the condition of any property, facilities or equipment used during the Event, and accept personal responsibility for any injury (including, but not limited to, personal injury, disability, dismemberment and death), illness, damage, loss, claim, liability, or expense, of any kind or nature, that I or my property may suffer arising out of or in connection with my participation in the Event/Activity. On my own behalf, and on behalf of my heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature ("Claims") arising out of or in any way connected with my participation in the Event/Activity, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such Claims including, but not limited to, all attorneys' fees and disbursements up through and including any appeal. I understand that this release and indemnity includes any Claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me before, during or after such participation. For the purposes hereof, the "Released Parties" are FC Pride Soccer Club.

PHYSICAL CONDITION/MEDICAL AUTHORIZATION: I hereby certify that I am physically fit for participation in the Event/Activity, have the skill level required in conjunction with the Event/Activity, and have not been advised otherwise. I agree that before I participate in the Event/Activity, I will inspect all related facilities and equipment. In connection with any injury sustained or illness or medical conditions experienced during my attendance in connection with the Event/Activity, I authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my own behalf. Additionally, I authorize medical treatment for me, at my cost, if the need arises; however, I acknowledge that the Released Parties shall have no duty, obligation or liability arising out of the provision of, or failure to provide, medical treatment.

EQUIPMENT AND FACILITIES INSPECTION: I will immediately advise the Event manager of any unsafe condition that I observe, and will refuse to participate in the Event/Activity until all unsafe conditions observed by me have been remedied.

GOVERNING LAW: This Waiver and Permission Form shall be governed by the laws of the State of Indiana, **AND I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.**

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

PLAYERS SIGNATURE: _____

DATE: _____