

# DC SOCCER CLUB



PLAYER FULL NAME \_\_\_\_\_

## **MEDIA WAIVER**

I consent to reasonable and appropriate use of photographs, videos, or the likeness of my child taken in connection with this sports program for publication of any club material including, but not limited to, club social media, marketing materials, website content, etc. I also understand that DC Soccer Club is not responsible for photos taken by photographers hired by DPR or other facilities or organizations.

## **LIABILITY AND CONSENT WAIVER**

Liability and Consent Waiver: As a parent (or legal guardian) of the above-named minor, I have verified that the information on this form is correct, and I grant permission for this minor to participate in all activities of this sports program. I acknowledge that, while DC Soccer Club makes reasonable efforts to ensure the safety and wellbeing of its athletes, participation in this sports program is not without risk. I assume all risks and hazards incidental to the above named minor's participation in the sports program, including risk of injury or illness (including, but not limited to, contagious diseases such as COVID-19). In consideration of the above-named minor being permitted to participate in this sports program, I, on behalf of the above-named minor and any family members, spouse, heirs, assigns, personal representatives and anyone else entitled to act on my, or the above named minor's, behalf, do hereby release, waive all claims against, and covenant not to sue DC Soccer Club, its officers, directors, employees, coaches, sponsors, volunteers and other participants from and for any and all liability, claims, demands, actions and causes of action of any kind or nature, including but not limited to, claims of negligence, arising out of or related to any loss, damage or personal injury, including death or damage to personal property, that is the result of, or in any way related to, the above-named minor's participation in this sports program. I further grant permission for emergency aid to be given to my child in case of injury or illness.

## **EMERGENCY TREATMENT AGREEMENT**

If my son/daughter becomes sick or injured or otherwise requires medical intervention, I authorize DC Soccer Club, its coaches, staff, and volunteers as well as any athletic trainer, certified emergency personnel, and/or Doctor of Medicine or Dentistry to provide such treatment and/or emergency transportation so as to receive such treatment. I authorize DC Soccer Club to utilize the most convenient rescue squad or ambulance to transport a player to the nearest hospital. I understand, as the parent and/or legal guardian, I am responsible for all necessary charges incurred by any hospitalization, treatment or emergency transportation rendered pursuant to this authorization.

## **COVID-19 POLICY Agreement**

DC Soccer Club's **COVID-19 Policy** has been established to safeguard the health of our players, families, coaches, and staff. This policy is subject to change based on any new information and will be updated as needed.

I have read the policy, agree to the policy, will complete a **COVID-19 Report** for any exposure to COVID-19, as defined, or positive COVID-19 test, and will follow related instructions provided by DC Soccer Club staff.

I also agree to ensure that before attending any DC Soccer Club program activity that:

My child does not:

- Have a fever ( $\geq 100.4$  degrees F).
- Have symptoms consistent with COVID-19, including cough, sore throat, shortness of breath, fever, or sudden loss of taste or smell.

I have read this and agree to all waivers .

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

\_\_\_\_\_  
Date