



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

EMERGENCY INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In an emergency, when parents/guardians cannot be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for Webster Soccer Association, Inc. d/b/a Lakefront Soccer Club (hereinafter "LSC"), US Youth Soccer, and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of LSC and US Youth Soccer (and its members) (the "Programs"), I consent to my son/daughter participating in the Programs, including but not limited to those located at 865 Publishers Parkway, Town of Webster, 695 Basket Road, Town of Webster, 1645 Boulter Industrial Parkway, Town of Webster, athletic fields and facilities of the Webster Central School District and the Town of Webster. Further, I hereby release, discharge, and otherwise indemnify and hold harmless LSC, the owners and tenants of fields and facilities utilized for the Programs, US Youth Soccer, and US Youth Soccer's member organizations and sponsors, and each of their respective officers, directors, agents, employees, assigns, associated personnel, and volunteers, against any and all claims by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs. My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer, emergency medical technician, licensed healthcare worker, including, but not limited to doctors, nurses or dentists, to provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

In consideration for receiving permission to participate in any and all activities associated with Webster Soccer Association, Inc. d/b/a Lakefront Soccer Club (hereinafter "LSC"), including permission to be on all indoor and outdoor locations upon which the activities of LSC take place and/or utilized by LSC (including but not limited to 865 Publishers Parkway, Town of Webster, 695 Basket Road, Town of Webster, 1645 Boulter Industrial Parkway, Town of Webster, athletic fields and facilities of the Webster Central School District and the Town of Webster) (collectively the "Premises"), the undersigned, on behalf of himself/herself and any minor children for whom the undersigned has the capacity to contract (collectively the "Releasors"), acknowledges and agrees that: (i) Releasors hereby willingly choose to be physically present at the Premises and participate in any LSC activities, and shall comply with all protocols established by LSC and the customary terms and conditions regarding protection against any and all infectious diseases, including but not limited to MRSA, influenza, and COVID-19 (collectively "Infectious Diseases"), (ii) Releasors' presence on the Premises and participation in LSC activities includes the risk of injury, serious illness, physical incapacity, and death and possible exposure to and illness from Infectious Diseases, (iii) the risk of injury, serious illness, physical incapacity, and death does exist and, RELEASORS KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility from Releasors' being at the Premises and participating in any LSC activities; (iv) Releasors hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE LSC and the owners and tenants of the Premises, their officers, directors, agents, employees and assigns ("RELEASEES") from any and all liability related to Releasors' presence on the Premises and participation in any LSC activities, including but not limited to injury, illness, disability, death, or loss or damage to person or property; (v) Releasors shall indemnify, defend and hold harmless the RELEASEES from and against any and all claims, demands, suits, judgments, losses or expenses of any nature whatsoever (including, without limitation, attorneys' fees, costs and disbursements, whether of in-house or outside counsel and whether or not an action is brought, on appeal or otherwise), arising from or out of, or relating to, directly or indirectly Releasors' presence on the Premises and participation in any LSC activities, including but not limited to those arising from or out of the exposure to an illness from Infectious Diseases. It is Releasors' express intent that this Waiver and Hold Harmless Agreement shall bind any assigns and representatives, and shall be deemed as a RELEASE, WAIVER, DISCHARGE, AND COVENANT NOT TO SUE the above-named RELEASEES. This Agreement and the provisions contained herein shall be construed, interpreted and controlled according to the laws of the State of New York. RELEASORS HEREBY KNOWINGLY AND VOLUNTARILY WAIVE ANY RIGHT TO A JURY TRIAL OF ANY DISPUTE ARISING IN CONNECTION WITH THIS AGREEMENT. RELEASORS ACKNOWLEDGE THAT THIS WAIVER WAS EXPRESSLY NEGOTIATED AND IS A MATERIAL INDUCEMENT THE PERMISSION GRANTED BY RELEASEES TO BE AT THE PREMISES AND PARTICIPATE IN ANY LSC ACTIVITIES.

I, THE UNDERSIGNED, BEING AT LEAST EIGHTEEN (18) YEARS OF AGE AND FULLY COMPETENT, HAVE READ THE FOREGOING (i) PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE and (ii) WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT, AND FULLY UNDERSTAND AND ACCEPT THE RESPONSIBILITIES AS THEY ARE OUTLINED, AND INTEND TO BE BOUND BY THE SAME, EFFECTIVE AS OF THE DATE BELOW.

Signature of Parent/Guardian

Date