



OFFICIAL
PARTNER
CLUB OF



Release and Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement")

IN CONSIDERATION OF the above registered participant ("Participant"), my child/ward, being permitted to participate in any way in Premier Soccer Club of Iowa ("PSC Iowa") related events and activities ("Activity"), I, for my self, spouse, child, and on behalf of my/our heirs, assigns, personal representatives, and next of kin:

1) ACKNOWLEDGE, agree, and represent that I understand the nature of the Activity and that Participant is qualified, in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, Participant will immediately discontinue further participation in the Activity.

2) FULLY UNDERSTAND THAT: (a) THE ACTIVITY INVOLVES RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by Participant's own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place or THE NEGLIGENCE OF THE "RELEASES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either known to me or not readily foreseeable at this time; and I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I or Participant incur as a result of Participant's participation in the Activity.

3) HEREBY AUTHORIZE any PSC Iowa coach, assistant coach, team manager, director, officer, administrator, or volunteer; league directors, officers, or administrators; or tournament directors, officers, administrators, or agents, on my behalf and in my stead to administer emergency medical treatment to the Participant for any injury or other medical emergency while participating in the Activity or while traveling to or from the Activity. This permission and consent extends the right to those enumerated above to arrange for immediate medical treatment by a licensed or certified physician and/or medical personnel, and for them to apply such emergency techniques which, in their judgement, they deem appropriate to treat any injury or illness sustained by the Participant.

4) HEREBY RELEASE AND HOLD HARMLESS PSC IOWA AND ITS AFFILIATES; their respective directors, officers, administrators, members, coaches, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owner and lessors of premises on which the Activity takes place ("RELEASES") FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES to person or property incident to Participant's involvement or participation in the Activity WHETHER CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS, AND I FURTHER AGREE that if despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, the Participant, or anyone on Participant's behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

Name of Participant: _____

Participant's date of birth:

month	day	year

Date of last tetanus booster:

month	day	year

Known allergies of Participant, including any allergies to medicine:

Any other medical problems which should be noted:

Family Physician: _____ Phone: _____

Insurance Carrier: _____ Policy Number: _____

Parent/Guardian: _____

Address: _____
(street) (city) (state) (zip code)

Home Phone: _____ Work/Cell Phone: _____

Emergency Contact if parent/guardian unavailable: _____

Home Phone: _____ Work/Cell Phone: _____

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW. I FURTHER AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Parent/Guardian Signature: _____

NOTARIZATION

State of _____ County of _____

Sworn to and subscribed before me on the _____ day of _____, 20_____.

Notary public in and for the State of _____ My commission expires _____