

Akron Soccer League, Inc.

Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Bus Phone (____) _____

Mother's Name _____ Home Phone (____) _____ Bus Phone (____) _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ *Home Phone (____)* _____ *Bus Phone (____)* _____

Name _____ *Home Phone (____)* _____ *Bus Phone (____)* _____

Allergies _____

Other Medical Conditions _____

Physician _____ Home Phone (____) _____ Bus Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE A PLAYER BEGINS PARTICIPATION. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned (if participant is 18 years of age or older) or parent/guardian of the above listed minor participant acknowledge that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inaction, or negligence, but action, inaction, or negligence of others, the rules of play, or the condition of the premises or of any equipment used. I acknowledge that there may be other unknown risks not reasonably foreseeable at this time. I assume all the foregoing risk. I accept personal responsibility for the damages following such injury, permanent disability or death, and hereby release, hold harmless and indemnify the Akron Soccer League Inc, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and lessors of premises used to conduct the event, (all of which are hereinafter referred to as 'releasees') from any and all liability to the participant or his/her heirs or assigns from any and all claims for personal injuries or property damage by or on behalf of the participant as a result of the participant's participation in the activity and/or being transported to or from the same. After careful consideration I hereby authorize the participation, and I hereby authorize such transportation. The participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or EMT personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including personal injury, death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I)we have given up substantial rights by signing this release and sign below voluntarily. med. rel revised 1/14/25

Parent/Guardian Signature _____ Date _____