

# River Forest Youth Soccer, Ltd.

## Medical Waiver

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 listed minor participant, acknowledge and fully understand 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, inactions or negligence, but action, inaction or negligence of others, the rules of play, weather, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, officials, volunteers, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as releasees, from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the participant as a result of the participant's participation in the program and/or being transported to or from the same, which participation, after careful consideration, I hereby authorize and which transportation I hereby authorize. The participant has received a physical examination by a physician and has been found physically capable of participating in the program. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated 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 because of any defect 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 releasees. I give permission for the participant to be photographed, videotaped or filmed and for the resulting photos/media to be used for promotional purposes by RFYSL. I have read the above waiver/release and understand that I/we and the above participant have given up substantial rights by signing this release and sign freely and voluntarily and without inducement or undue influence.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Father/Guardian Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Mother/Guardian Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_

**Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_