



Strikers Fox Valley Soccer Club

1000 S. Kirk Rd.
Geneva, IL 60134

Emergency Medical Release, Liability & Media Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

Player email: _____ Player Cell: _____

Youth Striker Player? Yes No

EMERGENCY INFORMATION

Father's Name _____ Home Phone _____ Cell/Bus Phone _____

Mother's Name _____ Home Phone _____ Cell/Bus Phone _____

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

Name _____ Home Phone _____ Cell/Bus Phone _____

Allergies: _____

Other Medical Conditions: _____

Physician _____ Cell Phone _____ Business Phone _____

Medical/Hospital Insurance Company _____ Phone _____

Policy Holders Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I, the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) 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 or the conditions 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 Strikers Fox Valley Soccer Club (Strikers FVSC), its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and 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 each of the undersigned, his/her heirs or next of kin for any and all, against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/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 associated personal to provide the applicant/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 death or damage to property, which may be imposed upon said releasees 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 releasees. Further, for the good and valuable consideration received, I hereby grant Strikers Fox Valley Soccer Club its assessors and assigns, the absolute right and permission to perpetually use still photo, video, sound recordings, and all media sources and my name, the names of my minor children taken at games, practices and any events in which we may included, in whole or in part composite, without restriction as to changes or alterations, made through any medium now known or subsequently developed, for illustration, promotion, and team recruiting purposes where such images are selected by Strikers FVSC with or without my review or approval of the photos or finished uses. I further hereby release, discharge and agree to hold Strikers FVSC, its successors and assigns, harmless and all persons acting under its authority or those for whom it is acting, from any liability under the Illinois Right of Publicity Act for the use of the likenesses by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or in any subsequent processing, as well as any publication thereof, including without limitation any claims for libel or invasions of privacy or violation of right of publicity. 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 and acknowledge it is binding on me, my heirs legal representatives and assigns. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Strikers Fox Valley Soccer Club will cause the participant to be removed from the Program.

Participant Signature _____ Date _____

Participant's Signature _____ Date _____

(Parents/Guardian's Signature is required if participant is under the age of 18)