

Authorization of Emergency Care Acknowledgement of Disclaimer & Guarantee of Compliance of Rules of FC7 Soccer Camp

Parent Signed: PLAYER'S WAIVER AND ID FORM

I (parent or guardian if applicable) hereby give my consent and agree to release, indemnify, and hold harmless the FC7Soccer Inc. company and any/all personnel including coaches, officials, staff officers, agents, volunteers, and owners from any claim arising from personal injury and/or property damage to the named individual and/or their family and friends. I understand that FC7Soccer either does not carry and/or carries a minimal insurance policy to cover participants in the activity for which I am registered or registering my child and/or child that I am guardian for as an adult. I understand the hardness of the playing surface along with the different and unique playing characteristics of artificial turf and/or grass field when wet or dry, and the roughness of the sport of soccer. I grant FC7Soccer the right to photograph or video the players in participation in any-and-all activities, and to use the photographs or video in future brochures and, or commercials. FC7Soccer has a no refund policy, and maintains the right to deny a refund request to any customer as well as deny any customer service for any reason.

Parent's Initial's: _____ for [Player's Name]: _____

GUARANTEE OF COMPLIANCE TO RULES OF THE FC7SOCCER Academy, Club Teams, Clinics, Practices, and All Activities.

In the event of any dispute arising between the undersigned agrees to abide with the FC7Soccer's rules, polices, and protocols. FC7Soccer reserves the right to impose restrictions and or penalties as a result in any non-compliance with FC7Soccer rules, policies, and protocols. Copies of the rules and policies are available at the request of the undersigned by asking Coach Afsheen Alborzian, sending an email to; President@FC7soccer.com, or by reviewing the legal notices and rules, policies, and protocol notice on the FC7Soccer website at www.FC7soccer.com.

Parent's Initials: _____ for [Player's Name]: _____

EMERGENCY AUTHORIZATION

I _____, do hereby authorize the coaches, assistants, staff or parents of team members to act in capacity of activity supervisors as agents for the undersigned to consent to medical, surgical, or dental examination treatment, in case of emergency. I hereby authorize treatment and, or care of registered player in any hospital and/or with any medical physician.

Signature: Date:

Print Full Name:

License or ID: _____ State:

