

**Please print, sign and
mail this form to:**

FVSC Power
395 Southampton Drive
Geneva, IL 60134



EMERGENCY MEDICAL RELEASE & LIABILITY WAIVER

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

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 (_____) _____

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

Liability Release

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, I _____, as parent or legal guardian of _____, a minor (hereinafter "Minor"), hereby grant the permission necessary to allow Minor to participate in practices, clinics, competitions, and tournaments (hereinafter "Events") conducted by the Fox Valley Soccer Club-Power. I, in my own behalf and on behalf of Minor, further agree to release and to hold harmless Fox Valley Soccer Club-Power, 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 whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitations, attorney's fees and costs) arising out of or connected with the Event, including any claim arising out of or connected with any illness or injury (minimal, serious, catastrophic and/or death) that Minor may incur or sustain during the Event, all activities associated with the Event and while traveling to and from the site for the Event whether or not the Event actually occurs. I further expressly agree to indemnify and hold harmless Releasees and Releasees' heirs, successors, assigns, executors and administrators against loss from any further claims, demands or actions that may subsequently be brought by Minor or by any other persons on the account of damages of any character resulting to Minor in any way from the foregoing activities. I further agree to reimburse and to make good to Releasees any loss or costs Releasees may have to pay as a result of any such action, claim, or demand. I, in my own behalf and on behalf of Minor, hereby warrant I have read this Liability Release in its entirety and fully understand its contents. I, in my own behalf and on behalf of Minor, am aware this Liability Release releases Releasees from liability and contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness. I, in my own behalf and on behalf of Minor, further acknowledge nothing in this Liability Release constitutes a guarantee the Event will occur. I, in my own behalf and on behalf of Minor, have signed this document voluntarily and of my own free will.

Parent or Legal Guardian Signature: _____ Date: _____



Medical Release

I, in my own behalf and on behalf of Minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/ or death) and that I, in my own behalf and on behalf of Minor, acknowledge Minor is assuming the risk of such illness or injury by participating in the Event. In the event of such illness or injury, I authorize Fox Valley Soccer Club–Power to obtain necessary medical treatment of Minor and hereby, in my own behalf and on behalf of Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of Minor for any illness or injury that Minor may sustain during the Event and while traveling to and from the site for the Event.

Parent or Legal Guardian Signature: _____ Date: _____

APPEARANCE AGREEMENT

I understand that Fox Valley Soccer Club–Power from time to time produces promotional material relating to its programs. I understand that as a participant and/ or a spectator at the Event that the Minor may be included in videotapes or photographs taken during the Event. Therefore, without reservation or limitations, I, in my own behalf and on behalf of Minor, hereby assign, transfer and grant to Fox Valley Soccer Club–Power, its successors, assignees, licensees, sponsors, any television networks, and all other commercial exhibitors the exclusive right to photograph and/or videotape Minor and to utilize such videotapes and photographs and Minor's name, face likeness, voice and appearance as a part of the Event, in advertising and promoting the Event or in advertising and promoting similar future events. I further understand that neither Fox Valley Soccer Club–Power nor any third party is under any obligation to exercise any of the foregoing rights, licenses and privileges.

Parent or Legal Guardian Signature: _____ Date: _____