

2011-2012 SOCCER

BREAK AWAY SPORTS CENTER, INC.
5964 Executive Drive Fitchburg, Wisconsin 53719; Phone: 288-9600

RELEASE OF LIABILITY, CONSENT FOR MEDICAL TREATMENT, AND CONSENT FOR USE OF PHOTOGRAPH OR VIDEO

MUST READ & SIGN ALL SECTIONS BELOW BEFORE PARTICIPANT LISTED WILL BE ALLOWED TO PARTICIPATE

PLAYER/PARTICIPANT:* (please print clearly)

Last Name: _____ First: _____ Middle Initial: _____

M or F: _____ Birth Date (mm/dd/yy): _____

REQUIRED -ADULT PLAYER or PARENT OF YOUTH (Account Holder contact information for Consent Form System):*

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: (Primary) _____ (Alt) _____

REQUIRED FOR PARTICIPANTS UNDER 18 YRS.*

Parent/Guardian #1: _____ Telephone: (Primary) _____ (Alt) _____

Parent/Guardian #2: _____ Telephone: (Primary) _____ (Alt) _____

* NOTE: The Adult Participant or Parent/Guardian #1 listed above will be the Account Holder associated with this account/player information in our new Consent Form System. As the Account Holder of this participant's information, you will receive secure email from Break Away ranging from program news to Consent Form updates only. At any time, you can cancel receiving such emails. For internal use only—not sold or given to third party.)

IN CASE OF EMERGENCY (I.C.E.):

Physician's Name: _____ Clinic: _____ Hospital: _____

(In the event that a hospital and/or clinic is NOT indicated, paramedics will make the decision where to take participant for medical care/treatment.)

Emergency contact (if other than Parent/Guardian #1): _____ Relationship to participant: _____

Telephone: (Primary) _____ (Alt) _____

RELEASE OF LIABILITY

The undersigned, player, parent or legal guardian of the above player/participant ("the Participant") recognizes that indoor/outdoor soccer and its related activities are vigorous activities and that the Participant may suffer temporary or permanent serious physical injuries including, but not limited to, sprains, fractures, eye injuries, brain or spinal damage, paralysis or even death while playing, watching or attending a game, tournament, classes, party activities, rentals, practice or scrimmage, or by use of associated (instructional/training) equipment. The undersigned, parent or legal guardian of the Participant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to the sport of soccer and its related activities including, but not limited to, head injuries suffered by players impacting each other, goalposts, dashboards or the ground; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players. With full knowledge of the above-referenced risks and in consideration of Break Away Sports Center, Inc. accepting the Participant in its soccer program(s) at its facility or other venue(s), and pursuant to the recreational assumption of the risk statute, sec. 895.525 Wis. Stats., the Participant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and hereby release, discharge, and/or otherwise indemnify Break Away Sports Center, Inc., its staff, directors and officers and its respective clubs, coaches and staff, league and tournament sponsors and the directors and officers and any of their facilities utilized for soccer and its related activities as to any claims and causes of action based on allegations of negligence by or on behalf of the Participant and his or her parents or legal guardians.

If you have any questions regarding any of the provisions of this Release or otherwise wish to discuss or negotiate any of the provisions of this Release, please contact the Manager of Break Away Sports Center, Inc. Please note that the Participant shall not be permitted to participate in any Break Away Sports Center, Inc. sponsored program or game unless and until this form is signed and returned to an authorized Break Away Sports Center, Inc. representative or other satisfactory arrangements are made with regard to the subject matter of this Release in a writing signed by both Participant and Manager of Break Away Sports Center, Inc.

I hereby represent/declare that the Participant is fit and healthy to participate in the rigors of soccer and its related activities.

This release shall remain in effect for the duration of the 2011-2012 season through August 31, 2012 and shall be interpreted under Wisconsin Law.

X
REQUIRED _____
Parent/guardian or Adult Participant Signature Date

CONSENT FOR MEDICAL TREATMENT

With full knowledge of the risks of injury in the game of soccer and its related activities, I hereby authorize the following persons to administer emergency medical treatment to myself or my child, the Participant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or playing at Break Away Sports Center Inc. or other venue(s): All coaches and managers of my child's team and/or Break Away Sports Center, Inc. management, employee, officers, game officials, sponsors officials or agents of any league or tournament that my child or participant may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of myself and/or my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This consent for medical treatment shall remain in effect for the duration of the 2011-2012 season through August 31, 2012 and shall be interpreted under Wisconsin Law.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact the manager of Break Away Sports Center, Inc., to discuss any questions I had about the above Release and Consent.

X
REQUIRED _____
Parent/guardian or Adult Participant Signature Date

CONSENT FOR USE OF PHOTOGRAPH/VIDEO

My child and I understand that Break Away Sports Center Inc. may take photographs and/or videos in which Participant herein may be a participant and/or a spectator. I hereby consent to Break Away Sports Center, Inc. use of any such photos, videos, or likeness in program promotions and/or marketing of such program(s) without notice or any compensation. I waive all rights that I/my child may claim in relation to the use of such photographs, videos or likeness.

X
REQUIRED _____
Parent/guardian or Adult Participant Signature Date
(11/11)