



WAIVER AND RELEASE OF LIABILITY,
INDEMNIFICATION AGREEMENT,
AND PERMISSION FOR EMERGENCY MEDICAL TREATMENT

Recognizing the possibility of serious physical injury and/or death associated with various program activities and the corresponding risks associated with participating and traveling to and from practices, competitions, matches, or other events with the program, club, team, coaches, or volunteers, I hereby release, discharge and/or otherwise indemnify CMH SOCCER CLUB, INC, the program, team, club, association, organization, sponsors, field owners, volunteers and their employees and associated personnel, and any other persons helping or transporting my child/participant to and from activities (all of which are hereinafter referred to as "CLUB ASSOCIATES"), against any claim by, or on behalf of my child/participant. By signing below, I hereby grant permission to the managing and/or coaching personnel or tournament\club officials, in my absence, to obtain emergency medical treatment by a Doctor of Medicine or dentistry for my child/participant and I assume the financial responsibility for said treatment.

Waiver And Release: In consideration of the CLUB ASSOCIATES allowing me or my child\participant to participate in this program\activity, I specifically release and forever discharge all CLUB ASSOCIATES from any and all liability or claims for any injury, illness, death, or loss of or damage to person or property which I or my child\participant may suffer while participating in the event\activity and any associated travel. This release and discharge specifically include, but is not exclusively limited to, liability or claims for injury, illness, death, or damage caused by accident, or the negligence of CLUB ASSOCIATES. It is my intent by completing this Waiver and Release for me, and my child\participant, to release and indemnify all CLUB ASSOCIATES and hold all CLUB ASSOCIATES harmless from all liability for any and all injuries, illness, or death, whether caused by the negligence of the CLUB ASSOCIATES, or any other person, while participating in this program. In signing this document, I fully recognize that if injury, illness, death, or damage occurs to me or my child\participant while participating in the program, I will have no right to make a claim or file a lawsuit against the team, organization or club, or any CLUB ASSOCIATES, even if they or any of them negligently cause me or my child\ participant injury, illness, death or damage.

Indemnification: I further agree to fully indemnify and hold CLUB ASSOCIATES harmless for any and all claims or actions which may arise out of participation in the event by myself, or my child\participant.

Medical Treatment: I give my permission for the staff of the program to seek appropriate emergency medical attention for me or my child\participant in the event of accident, injury or illness. I will be responsible for any and all costs of medical attention and treatment and agree to hold the program and CLUB ASSOCIATES harmless for any and all expenses incurred in seeking such medical treatment.

I HAVE CAREFULLY READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS GRANTS, PERMISSION FOR EMERGENCY MEDICAL TREATMENT AND CONSTITUTES WAIVER AND A RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT. I REPRESENT THAT I HAVE THE AUTHORITY AND CAPACITY TO SIGN IT AND HAVE SIGNED IT VOLUNTARILY.

Dated this ____ day of JUNE, 2024

Player Signature (if Player is under 18 Must have Parent or Guardian Signature)

Printed Name _____

Street Address _____

City / State / Zip Code _____

Phone/E-mail _____

WITNESS: _____