

FC SONIC OF THE LEHIGH VALLEY RELEASE FORM

In consideration of being allowed to participate in any way in the Soccer Association of the Lehigh Valley, Inc. (hereinafter "SALV") camps, clinics, tryouts, games, training sessions and other events and activities (hereinafter "events"), I, the undersigned, do hereby consent and agree to the terms of this Release, and:

1. I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless the National Premier Soccer League or SALV, its employees or directors, or their affiliated clubs, their representative administrators, directors, agents, coaches, doctors, trainers, and other employees of the organization, other participants, volunteers, sponsoring agencies, sponsors, advertisers, their heirs and assigns, and if applicable, the owners and/or lessors of the premises used to conduct any events, all of which are hereinafter referred to as "Releasees", from any claims, demands, losses or damages on account of injury, including death, or damage to property, relating to my participation in the events mentioned above, EVEN IF ALLEGED TO HAVE BEEN CAUSED BY, OR ARISING FROM, RELEASEES' NEGLIGENCE.

2. I authorize and give my full consent to the National Premier Soccer League or the SALV to copyright and/or publish any and all photographs, videotapes and/or film in which I, and/or the minor participants, may appear while attending this and other National Premier Soccer League events. I further agree that the National Premier Soccer League or SALV may transfer, use or cause to be used, these photographs, videotapes, or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations and without compensation to me, and/or the minor participant.

FOR ADULT PARTICIPANTS:

I HAVE READ THE ABOVE RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN VOLUNTARILY

Participant's Name: _____ **Health Ins. Carrier/Policy No.** _____

Emergency Contact and Phone No: _____

Participant's Signature: _____ **Date:** _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent and/or legal guardian with legal responsibility for this participant of minority age, do hereby consent and agree to the terms of the Releases as set forth above for said participant of minority age, and for him/her, and for myself, my heirs, assigns, and next of kin, I release, discharge, covenant not to sue, and agree to indemnify and hold harmless, the Releasees from any and all liability for any injuries or damages relating to the minor participant's involvement or participation in the events as mentioned above, EVEN IF ALLEGED TO HAVE BEEN CAUSED BY, OR ARISING FROM, RELEASEES' NEGLIGENCE.

The undersigned parent and/or legal guardian further authorizes anyone working in the SALV program to call for such medical care for the minor participant or to transport the minor participant, and agrees that, upon turning the minor over to the undersigned parent and/or legal guardian or their designees or to the ambulance or other medical facility, clinic, or hospital, the responsibility of SALV shall be totally fulfilled and SALV shall not have any further responsibility for the minor participant. The undersigned parent and/or legal guardian agrees to pay all costs associated with such medical care and related transportation for the minor participant and indemnify and hold SALV, its representatives, agents, affiliates, sponsors, advertisers, directors, servants, volunteers and employees harmless for any costs incurred therein, or any claims arising therefrom. The undersigned parent and/or legal guardian hereby authorizes any medical facility or medical provider to provide care for the minor participant if it is believed that the minor participant requires medical attention.

I HAVE READ THE ABOVE RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN VOLUNTARILY.

Participant's Name: _____ **Health Ins. Carrier/Policy No.** _____

Parent's/Guardian's Name: _____ **Emergency Contact/Phone:** _____

Parent's/Guardian's Signature: _____ **Date:** _____