



**PENNSYLVANIA STONERS SPORTS ACADEMY, INC./ F.C. SONIC LEHIGH VALLEY**

**LIABILITY RELEASE AND MEDIA RELEASE FORM**

**PLEASE NOTE THERE ARE THREE PLACES ON THIS FORM WHICH MAY REQUIRE SIGNATURE.**

**In consideration of being allowed to participate in any way in the Pennsylvania Stoners Sports Academy, Inc. and/or F.C. Sonic Lehigh Valley (hereinafter referred to individually and collectively as "Sonic") tryouts, games, training sessions, travel and other events and activities (hereinafter "events"), I, the undersigned, do hereby assume full responsibility as set forth in this Release, and I will participate in the Sonic events of my own free will and agree to adhere to any and all rules and regulations of Sonic.**

1. I acknowledge and fully understand that I will be engaging in events that involve risk of serious injury, including permanent disability or death, and severe social or economical losses which might result from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, I acknowledge that there may be other risks not known to me or not reasonably foreseeable at this time.

2. I assume all the foregoing risks and accept personal responsibility for any damages which may occur as a result of such injury, permanent disability or death.

3. I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless, the National Premier Soccer League or Sonic, their 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.

4. **Media/Photo Release:** I authorize and give my full consent to the National Premier Soccer League or Sonic 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 PSSA 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.

**Please check the box below if you do not wish to give media consent to the National Premier Soccer League and Sonic.**

**I do not wish to give media consent as described in number 4 above.**

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:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

**Emergency Contact and Phone Number** \_\_\_\_\_

**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 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.

**Participant's Name:** \_\_\_\_\_ **Health Ins. Carrier** \_\_\_\_\_

**Parent's/Guardian's Name:** \_\_\_\_\_ **Policy Number** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_

**Parent's/Guardian's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Permission to Treat:** The undersigned parent and/or legal guardian further authorizes anyone working in the Sonic program to call for such medical care for the minor participant or to transport the minor participant to the appropriate clinic or hospital if, in the opinion of anyone working with the Sonic program, medical attention is needed for 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 Sonic shall be totally fulfilled and Sonic 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 Sonic, 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.

**Participant's Name:** \_\_\_\_\_

**Parent's/Guardian's Name:** \_\_\_\_\_

**Emergency Contact #:** \_\_\_\_\_

**Parent's/Guardian's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_