



West Pines United FC, United Soccer Leagues Super Y-League, Super Y-League North American Finals & Olympic Development Program (ODP) Player Medical Informational Release & Waiver

This form must be present at all Super Y-League Events

Player Name: _____ Date of Birth: _____ Age Group: _____

Parents Names: _____

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

Contact Number 1 (____) _____ Contact Number 2 (____) _____

Email Address: _____ @ _____

Emergency Contact

Name: _____ Contact Number (____) _____

Medical Conditions or allergies: _____

Primary Medical Insurance Company: _____

Policy Holder: _____ Policy Number: _____

Contact Telephone Number: (____) _____

Parent/Guardian Release: In consideration of being allowed to participate in any way in the United Soccer Leagues Super Y-League, the United Soccer Leagues Super Y-League North American Finals or United Soccer Leagues Olympic Development Program (ODP), related events and activities, the undersigned acknowledges, appreciates, and agrees that: The risk of injury from the activities involved in these activities is significant, including the potential for permanent paralysis and death, and while particular rules, equipment and personal discipline may reduce this risk, the risk of serious bodily harm or death does exist and, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation; and I will willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove my child from participation and bring such to the attention of the nearest official immediately; and, I, for myself, my child and on behalf of both my and my child's heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS United Soccer Leagues, LLC, their officers, officials, agents and/or employees, IMG Academies, LLP, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Printed Name: _____ Date: _____

Participant's Signature: _____

Parent's Printed Name: _____ Date: _____

Parent Signature: _____

Subscribed and sworn to me the _____ day of _____ 20 _____

Notary Public Signature: _____ My Commission Expires: _____