

3v3 Player Waiver



PLAYER FULL NAME _____

LIABILITY AND CONSENT WAIVER

As a parent (or legal guardian) of the above-named minor, I have verified that the information on this form is correct and I grant permission for this minor to participate in all activities of this sports program. I assume all risks and hazards incidental to such participation, including risk of serious injury, and do hereby release and waive all claims against DC Stoddert Soccer, its officers, directors, coaches, sponsors, volunteers and other participants. I further grant permission for emergency aid to be given to my child in case of injury. I agree to waive any and all claims that DC Stoddert Soccer or its volunteers, employees, and agents failed to prevent, detect, or are otherwise responsible for improper conduct by a coach or other person that causes injury to my child while participating in or in conjunction with the soccer program.

MEDIA WAIVER

I consent to reasonable and appropriate use of photographs, videos, or the likeness of my child taken in connection with this sports program for publication of any club material including, but not limited to, club social media, marketing materials, website content, etc. I also understand that DC Stoddert Soccer is not responsible for photos taken by photographers hired by DPR or other facilities or organizations.

EMERGENCY TREATMENT AGREEMENT

If my son/daughter becomes sick or injured or otherwise requires medical intervention, I authorize DC Stoddert Soccer, its coaches, staff, and volunteers as well as any athletic trainer, certified emergency personnel, and/or Doctor of Medicine or Dentistry to provide such treatment and/or emergency transportation so as to receive such treatment. I authorize DC Stoddert Soccer to utilize the most convenient rescue squad or ambulance to transport a player to the nearest hospital. I understand, as the parent and/or legal guardian, I am responsible for all necessary charges incurred by any hospitalization, treatment or emergency transportation rendered pursuant to this authorization.

I have read this and agree to all waivers .

Parent/Legal Guardian Signature

Date