



## **Parent Waiver**

### **Approval To Participate, Consent For Medical Treatment and Waiver And Release**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Team Name: \_\_\_\_\_

#### **Approval to Participate**

I/we, the parent/legal guardian(s) of the above-named player, a minor, hereby give my/our permission and consent for said player to participate in any and all activities of the United States FUTSAL® Federation and its affiliated organizations (hereinafter collectively the “**Organization**”), including transportation to and from such activities.

#### **Waiver of Liability and Assumption of Risk**

I/we understand and acknowledge that the Organization’s activities are inherently risky and may result in serious injury, or even death. I/we, for myself/ourselves and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby:

(i) expressly assume any and all risks and hazards directly or indirectly incidental to such participation in the

Organization’s activities, including transportation to and from such activities;

(ii) expressly waive, release, indemnify and agree to hold harmless, defend and indemnify the Organization, the owners and operators of the facilities used for the Organization’s activities and/or programs, Youth Elite Sports (YES!) and all its directors, officers, employees, agents, sponsoring organizations, sponsors, organizers, administrators, participants, coaches, assistants, or other representatives, including any and all persons or groups providing transportation to and/or from any of the Organization’s activities, from and against any and all claims, demands, or lawsuits directly or indirectly arising from participation in any of the Organization’s activities.

I/we, the parent(s)/legal guardian(s) of the above-named player, a minor, or as a player over the age of 18, agree that I/we and the player will abide by the rules and regulations of the Organization.

I/we understand that participation in the Organization involves a significant commitment of time and effort and hereby pledge our family’s best effort to satisfy this commitment.

I/we hereby waive any and all rights to any photographs, video tapes, motion pictures, recordings, or any other record of the activities which may be made by the Organization, Youth Elite Sports (YES!) and affiliate organizations.

#### **Consent to Medical Treatment**

I/we authorize the Organization or their representatives, as agent to the undersigned; to give consent for emergency medical care prescribed and deemed advisable by a duly licensed Doctor of Medicine or Doctor of Dentistry or Emergency Medical Technician. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of myself or my dependent player, as appropriate. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on the part of my agent to give specific consent to any and all diagnosis, treatment or hospital care which the physician in the exercise of his best judgment may deem advisable. This authorization will be applied to emergency care only, and shall remain effective until revoked in writing.

**It is my/our intent that this "Approval To Participate, Consent For Medical Treatment and Waiver And Release" remain in full force and effect at all times.**

Parent’s Name (please print): \_\_\_\_\_

Signature Parent/Guardian: \_\_\_\_\_

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

Email: \_\_\_\_\_