



## Quincy United Soccer Club Emergency Medical Release & Liability Waiver

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:***

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Quincy United Soccer Club, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Quincy United Soccer Club will cause the participant to be removed from the Program. (revised 6/15/12)

Parents/Guardians  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Parents/Guardians' Signature is required if participant is under the age of 18)*

Participant's  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
*(Participant's Signature is required)*



# YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18<sup>th</sup> birthday, whichever occurs last.

**Club Name:** Quincy United Soccer Club **City:** Quincy **State:** IL  
**League Name:** SLYSA

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

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

## PLAYER'S MEDICAL INFORMATION

**Player's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **Gender:**  Female  Male  
**Street Address:** \_\_\_\_\_ **City:** \_\_\_\_\_  
**State:** \_\_\_\_\_ **Zip :** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_ **Bus Phone:** ( ) \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ **Receive texts?**  Yes  No  
**Parent Name:** \_\_\_\_\_ **Home Phone:** ( ) \_\_\_\_\_ **Bus Phone:** ( ) \_\_\_\_\_  
**Email Address:** \_\_\_\_\_ **Cell Phone:** ( ) \_\_\_\_\_ **Receive texts?**  Yes  No

### In an emergency when parent/guardian cannot be reached, please contact the following:

**Name:** \_\_\_\_\_ **Phone 1:** ( ) \_\_\_\_\_ **Phone 2:** ( ) \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Phone 1:** ( ) \_\_\_\_\_ **Phone 2:** ( ) \_\_\_\_\_

Please list player allergies: \_\_\_\_\_

Please list other medical conditions: \_\_\_\_\_

**Physician:** \_\_\_\_\_ **Phone 1:** ( ) \_\_\_\_\_ **Phone 2:** ( ) \_\_\_\_\_  
**Medical/Hospital Insurance Company:** \_\_\_\_\_ **Phone:** ( ) \_\_\_\_\_  
**Policy Holder's Name:** \_\_\_\_\_ **Policy Number:** \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Relation to player:**  Father  Mother   
Guardian

**RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT**

In consideration of participating in physical activities (including, but not limited to soccer, volleyball, and basketball), and for other good and valuable consideration, I hereby agree to release and discharge from liability arising from negligence K&L Arena and/or Riverfront Athletic Association and their owners, directors, officers, employees, agents, volunteers, participants, and all other persons or entities acting for them (hereinafter collectively referred to as "Releasees"), on behalf of myself and my children, parents, heirs, assigns, personal representative and estate, and also agree as follows:

1. I acknowledge that soccer involves known and unanticipated risks which could result in physical or emotional injury, paralysis or permanent disability, death, and property damage. Risks include, but are not limited to head injury, contusions, leg/knee/ankle/foot injuries; medical conditions resulting from physical activity, and damaged clothing or other property. I understand such risks simply cannot be eliminated, despite the use of safety equipment, without jeopardizing the essential qualities of the activity.
2. I expressly accept and assume all of the risks inherent in this activity or that might have been caused by the negligence of the Releasees. My participation in this activity is purely voluntary and I elect to participate despite the risks. In addition, if at any time I believe that event conditions are unsafe or that I am unable to participate due to physical or medical conditions, then I will immediately discontinue participation.
3. I hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Releasees from any and all claims, demands, or causes of action which are in any way connected with my participation in this activity, or my use of their equipment or facilities, arising from negligence. This release does not apply to claims arising from intentional conduct. Should Releasees or anyone acting on their behalf be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold them harmless for all such fees and costs.
4. I represent that I have adequate insurance to cover any injury or damage I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or damage myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume – and bear the costs of – all risks that may be created, directly or indirectly, by any such condition.
5. In the event that I file a lawsuit, I agree to do so solely in the state where Releasees' facility is located, and I further agree that the substantive law of that state shall apply.
6. I understand that K&L Arena is privately owned, and that all agents, guests, players, spectators, and visitors on the property thereof shall comply fully with law enforcement, including search and seizure laws, when permission is given to law enforcement.
7. I agree that if any portion of this agreement is found to be void and unenforceable, the remaining portions shall remain in full force and effect.

**By signing this document, I agree that if I am hurt or my property is damaged during my participation in this activity, then I may be found by a court of law to have waived my right to maintain lawsuit against the parties being released on the basis of any claim for negligence.**

I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. **I have read and understand this document and I agree to be bound by its terms.**

Print Participant Name \_\_\_\_\_ Signature (if 18 or over) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_\_ Today's Date \_\_\_\_\_ Coach \_\_\_\_\_ Player \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

**PARENT OR GUARDIAN ADDITIONAL AGREEMENT  
(Must be completed for participants under the age of 18)**

In consideration of \_\_\_\_\_ (print minor's full name) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Parent/Guardian Name \_\_\_\_\_

# Quincy University Waiver of Liability

*Dates of Usage:* 2017/2018

## **\*WAIVER\***

I represent and warrant that my child is physically fit and able to participate in all of the events taking place at Quincy University in all QU athletic fields and my child agrees to stop and request assistance if they experience any symptoms such as, but not limited to, dizziness, excessive fatigue, shortness of breath, pain or any other conditions which would make it difficult or unsafe to continue. I also agree and acknowledge that my child will abide by all policies and regulations of Quincy University accepting all consequences of their actions as their own.

I agree, for myself, my child, my executors and administrators to not sue and to release; indemnify and hold harmless, Quincy University, its affiliates, officers, directors, volunteers and employees, from any and all liability, claims, demands, and causes of action whatsoever, arising out of the participation of my child in this event and any related activities whether it results from the negligence of any of the above or from any other cause. This release and indemnification agreement shall be as broad and inclusive as is permitted by the state or province in which the event is conducted. If any portion of it is held invalid, that balance shall continue in full force and effect.

I understand that my child's participation in this activity is voluntary and that my child is not mandated to participate.

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
Parent or Legal Guardian's Signature

\_\_\_\_\_  
Parent or Legal Guardian's Signature