

# MONTGOMERY SOCCER INC. PLAYER WAIVERS FORM

## Indemnification

In consideration of being allowed to participate in an MSI League or Event, I acknowledge, appreciate, and agree that:

- 1. The risk of injury from the activities involved in this program 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 injury does exist; and,
- 2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- 3. I 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 myself from participation and bring such to the attention of the nearest official immediately; and,
- 4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Releasees, their officers, officials, agents, and/or employees, 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, to the fullest extent permitted by law.

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

#### **Code of Conduct**

I give my permission for my child to participate and agree to abide by the rules of MSI: to conduct myself in a manner exemplifying good sportsmanship; and to show respect for all participants, officials, and the rules of the game. I will remember that the game is for the children and not for the adults.

# **Sportsmanship**

All those involved with MSI related activities will Demonstrate good sportsmanship and demand it of others; Treat all others with respect regardless of race, sex, creed, gender, sexual orientation, or ability. There is zero tolerance for: Aggressive behavior, Bullying, Violence, Profanity, The use of drugs, tobacco, including vapes, or alcohol at any youth sporting event. The Sportsmanship Policy applies to all MSI programs and activities, including, but not limited to, the playing area, parking lot of games and practices, and also through social media, or any online presence.

## **Concussion and Sudden Cardiac Arrest Awareness**

I have read and understand the MSI Health Policy regarding Concussions and Cardiac Arrest, which can be found on the MSI website <a href="https://www.msisoccer.org">www.msisoccer.org</a> at the following link:

https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:f8342206-e7d5-4bdc-9a3d-d0dd5a560314

IF YOU THINK YOUR CHILD HAS A CONCUSSION SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports. KEEP YOUR CHILD OUT OF PLAY UNTIL CLEARED TO RETURN BY A MEDICAL PROFESSIONAL.



Recognize the danger signs of sudden cardiac arrest - an athlete collapses suddenly and is unresponsive, Breathing or pulse is absent or irregular, There are no signs of life (consciousness, movement, or breathing). In these cases, 1. Call 911 immediately, 2. Begin CPR if trained to do so, 3. Use an Automated External Defibrillator (AED) as soon as possible.

#### **Medical Treatment Authorization**

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 player listed herein 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 player listed herein 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 team, MSI, their sponsors, Referees Association, 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 MSI soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

# **Jewelry Policy**

I understand that FIFA laws stipulate that jewelry, including pierced earrings, cannot be worn during games and that my child may be asked to remove his or her jewelry by the referee. I also understand that tape over pierced ears is not an acceptable alternative. Parents are encouraged to plan accordingly and schedule ear piercing well before the start of the season or after the season has ended.

## **Photography**

I hereby grant permission to Montgomery Soccer, Inc. (MSI) representatives and its agents to take and use: photographs, digital images and video of my child, myself and my family while involved in an MSI activity for any lawful purpose including, but not limited to: Website content, social media content, news releases, historical archives and/or promotional materials. I hereby release MSI and its legal representatives from liability for any violation or claims relating to said images or video. I authorize the use of these images without compensation to me. All negatives, prints and digital reproductions shall be in the property of MSI.

# **Coaches' Certification**

By signing below, in addition to agreeing to be bound by this Participant Agreement, I certify that each person that will be participating in the Activities to which this Participant Agreement applies, or if applicable their parent or guardian, has been provided with a copy of this Participant Agreement and agrees to be bound by its terms. I agree to indemnify and hold harmless the Released Parties from any Losses as a result of the failure of this Certification to be true.



Team Name:	Age:	Gender:	
Team Coach /Manager Name:			
Team Coach /Manager Signature:			

# **Participant Agreement**

I, THE UNDERSIGNED, ON BEHALF OF MYSELF AND MY PARTICIPATING CHILDREN, HAVE READ THIS PARTICIPANT AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND SIGN FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

	Participant Printed Name	Jersey	Participant's Signature	Date
		Number	(Parent/Guardian if under 18 years old)	
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