

Bend FC Parent/Guardian Consent and Player Medical Release Waiver

By signing below, you agree to the representations, terms, and conditions of this Parent/Guardian Consent and Player Medical Release form as set forth below. Please retain a copy for your records.

Release of Liability: The game of soccer can be inherently dangerous. Field conditions, weather conditions, facility conditions, condition of equipment, condition of the registrant, actions of the other players, referees, coaches, spectators, volunteers, event officials, or monitors can all create risks of accident or injury. Recognizing the possibility of injury or illness, and in consideration for Deschutes Academy & Futbol Club (d/b/a "Bend FC") accepting my son/daughter as a player in the soccer programs and activities of Bend FC, I consent to my son/daughter participating in the activities and programs (including but not limited to soccer games, warm-up activities, practices, transportation to and from activities, meetings and other Bend FC events). Further, I hereby release, discharge, and otherwise indemnify Bend FC, its employees, coaches, volunteers, board of directors, officers, and other agents of Bend FC, against any claim by or on behalf of my player son/daughter because of my son's/daughter's participation in the activities and programs.

Acknowledgment and Consent: My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice setting forth any specific issue, condition, or ailment that may impact my child's participation. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Code of Conduct: On behalf of myself and my family, including the registrant and my spouse, we agree to abide by the Bend FC Family (Player/Parent) Code of Conduct and all other rules of Bend FC and its affiliated organizations and sponsors. I understand that violations may result in disciplinary action at the sole discretion of Bend FC. I further acknowledge compliance with any communicable disease policies implemented by Bend FC.

Photo Release: I understand that my son/daughter may be photographed during participation in programs and activities and that photographs may be used by Bend FC in print or online for lawful business purposes. I understand it is my responsibility to notify Bend FC in writing if I no longer authorize these uses.

Weather-Related Changes/Cancellations/Policies: Ever-changing weather and environmental conditions may require schedule changes or cancellations. Bend FC will make reasonable efforts to reschedule activities before refunds are considered.

Digital Signature Section

Player Name:

Parent/Guardian Name:

Digital Signature:

Date:

I Agree to the terms and conditions above: