

# MSA Soccer

## Player Waiver Form



2019-2020 SEASON

PLEASE PRINT CLEARLY

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
MM / DD / YYYY

Name of Parents or Guardians \_\_\_\_\_  
\_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Primary Email \_\_\_\_\_

Secondary Email \_\_\_\_\_

School \_\_\_\_\_ Grade (Fall 2019) \_\_\_\_\_

### WAIVER OF LIABILITY, INDEMNITY AGREEMENT, AND ASSUMPTION OF RISK

In consideration of permission to use, today and on all future dates, the property, facilities, and services of MSA Soccer (MSA) and the facilities and staff of MSA, Erie Premier Sports, and any other facility used during MSA programs, on behalf of myself, my heirs, personal representatives, or assigns, do hereby release waive, discharge and covenant not to sue MSA, it's Directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from both ordinary and gross negligence of MSA or any of the aforementioned parties. This agreement applies to 1) personal injury (including death) from accidents or illnesses arising from participation in MSA activities including, but not limited to, organized activities, classes, camps, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims resulting from the damage to, loss of, or theft of property.

I also agree to hold harmless and indemnify MSA from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement with MSA. I further agree to pay all costs and attorney's fees incurred by MSA in investigating and defending a claim or suit if my claim is withdrawn, or to the extent a court or arbitration determines that MSA is not responsible for injury or loss.

The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as it is permitted, by the State of PA and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. I agree that if legal action is brought, it must be brought in Erie County, PA.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# MSA Soccer

## Medical Release Form



2019-2020 SEASON

PLEASE PRINT CLEARLY

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Date of Tetanus Booster \_\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

Known allergies of this player, including any allergies to medicine. \_\_\_\_\_

Any other medical problems which should be noted. \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Provider Phone Number \_\_\_\_\_ Group Number \_\_\_\_\_

Member Name \_\_\_\_\_ Member Number \_\_\_\_\_

Name of Parents / Guardians \_\_\_\_\_

Address \_\_\_\_\_

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

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_

Primary Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_

### RELEASE OF MEDICAL TREATMENT

As the parent/legal guardian of the above-named player, I request that in my absence the player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_