

Player Registration and Waiver

Players Name _____ Age _____ B/Day _____ Gender _____

Address _____

Father/Guardian Name _____ Home# _____ Cell# _____

Email (please print): _____

Mother/Guardian Name _____ Home# _____ Cell# _____

Email (please print): _____

I, the undersigned parent or legal guardian of the above-named player, a minor ("Player"), on behalf of myself, Player and our heirs, assigns and next of kin, hereby agree as follows:

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, and/or officials of the FRAM CQ to act as my agents in the capacity of activity supervisors and vehicle drivers and to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OF RISK AND WAIVER: I acknowledge that participation in soccer necessarily involves travel, play in adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including bruises, scrapes, strained, sprained or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and death. I willingly and voluntarily accept and assume all such risk.

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENT, I FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

I willingly and voluntarily agree to comply with the stated and customary terms and conditions for participation and, if Player or I observe any concern in Player's readiness for participation and or in the program itself, I will remove player from participation and bring such concern to the attention of the nearest official immediately.

In consideration of accepting the registration and permitting the voluntary participation of Player in FRAM CQ programs, I hereby release, discharge and agree to hold harmless to the fullest extent permitted by law FRAM CQ, its players, employees, volunteers, officials, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing,

permitting or authorizing the use of facilities by FRAM CQ and the agents, employees, officers and directors of said persons or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to an injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any FRAM CQ-sponsored event, including any physical or other injury caused by the negligence of any person or entity described above. I further acknowledge that FRAM CQ is primarily administered by volunteers rather than paid professionals. I further acknowledge and accept that this Disclaimer, Assumption of Risk and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which participation takes place and agree that if any portion of this Disclaimer, Assumption of Risk and Waiver is deemed to be invalid, the remainder will continue in full legal force and effect. FRAM CQ is released from all liability arising out of any act or omission, save for its own intentional and willful misconduct

CONSENT TO USE OF INFORMATION AND IMAGES:

I acknowledge that FRAM CQ may compile and use addresses and soccer photographs of Player consistent with the FRAM CQ Privacy Policy. I consent to such uses and hereby waive all rights to compensation.

ACKNOWLEDGEMENT AND CONSENT:

Father/Guardian Dated

Mother/Guardian Dated