

TEAM: \_\_\_\_\_

## POWER SOCCER OF INDY WAIVER FORM

All Participants (athletes, coaches, volunteers, referees) Must have this signed form on file.

POSITION: (ie athlete, coach) \_\_\_\_\_ Email address: \_\_\_\_\_

(Mr./Mrs./Ms.)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ Age \_\_\_\_\_ Sex  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone Number (Main) \_\_\_\_\_

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

Disability/Diagnosis if applicable \_\_\_\_\_ Onset of Disability/Diagnosis (M/D/Y) \_\_\_\_\_

**Audio Visual Consent:** I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (collectively, "Reproductions") of the persons who are hereby applying for membership (the "Applicants") and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Power Soccer of Indy, Inc. and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to Power Soccer of Indy, Inc. the right, title, and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation and waive any and all claims related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by Power Soccer of Indy, Inc., its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same. (initial) \_\_\_\_\_

**Consent for Emergency Treatment:** I hereby give permission for the Participant to participate as a Power Soccer of Indy, Inc. participant/volunteer. In the event that the Participant should sustain any injuries while participating in a Power Soccer activity or while on the premises of any of its facilities, I understand that the Participant may be examined and treated for emergency injuries by health care personnel, including examinations at medical facilities. In voluntarily consenting to such examination and treatment for the Power Soccer of Indy, Inc., its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgements that may result from such examination and treatment. (initial) \_\_\_\_\_

**Release and Indemnification:** I hereby release and discharge Power Soccer of Indy, Inc. and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgments, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Participant's participation in an Activity provided by Power Soccer of Indy, Inc., to include power soccer, ice skating outings, charity/fundraisers or any other event sponsored by Power Soccer of Indy, Inc. including any personal injury or death, which he/she may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. This release shall be binding upon the heirs, next of kin, guardians, executors, and administrators of the Participant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury of damages incurred by the Participant. In signing this release, I acknowledge and represent that I am over 19 years of age, I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this release contains the entire agreement between myself and Power Soccer of Indy, Inc. (initial) \_\_\_\_\_

I have read, understood, and completed this questionnaire. Any questions that I had were answered to my full satisfaction.

\_\_\_\_\_  
Signature Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (Parent / Guardian if under 18)

\_\_\_\_\_  
Witness