



UNITED CHAMPIONS SOCCER ODP PLAYER WAIVER FORM



(PLEASE PRINT)

Player First Name _____ Player Last Name _____ DOB _____

Address _____ Home Phone # _____

Mother's First Name _____ Mother's Last Name _____ Cell Phone # _____

Mother's Email _____ Mother's Work # _____

Father's First Name _____ Father's Last Name _____ Cell Phone # _____

Father's Email _____ Father's Work # _____

Player's Uniform Size (Circle one) YS YM YL AS AM AL Player's Email _____

PUBLICITY RIGHTS: I further grant the Released Parties the right to photograph and/or videotape me and my child or ward and further to display, use and/or otherwise exploit my or my child's or ward's name, face, likeness, voice, and appearance forever and throughout the world, in all media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online web casts, on television including broadcast on ESPN platforms, in motion pictures, films, newspapers, and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Event/Activity results and standings, without compensation, reservation or limitation, or further approval, and I agree to indemnify and hold harmless the Released Parties for any Claims associated with such grant and right to use. The Released Parties are, however, under no obligation to exercise any rights granted herein.

Date: Signature of Parent or Court Appointed Guardian Print Name of Parent or Court Appointed Guardian

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Date: Signature of Parent or Court Appointed Guardian Print Name of Parent or Court Appointed Guardian

TRAVELING CONSENT

I further grant my son/daughter to be traveling during the league, cup, practices or any tournaments. I hereby give my consent to the club program to transport my child during such events.

Date: Signature of Parent or Court Appointed Guardian Print Name of Parent or Court Appointed Guardian

PROGRAM MAY TERMINATE CONTRACT WITH THE PARTICIPANT AT ANY POINT DURING THE SEASON