



Dakota Alliance Soccer Club Medical Release, Consent and Liability Waiver

Player's Name _____ Birthdate _____

Street Address _____ City _____ State _____ Zip _____

Player's Club _____

EMERGENCY INFORMATION

Father's/Guardian Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

Mother's/Guardian Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

Parent/Guardian Address (if different from player's) _____

Parent/Guardian Email Address(es): _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

Player Allergies and Other Medical Conditions _____

Physician _____ Phone (____) _____ Hospital/Clinic _____

Medical Insurance Company _____ Policy Holder's Name _____

Policy # _____

This Medical Release, Consent and Liability Waiver (the "Release") must be read and signed by the undersigned before the player takes part in any tournament, game or event (the "Event") sponsored, governed or operated by the Dakota Alliance Soccer Club ("DASC") in 2020/2021.

I hereby give my consent to have an athletic trainer, coach, physician, dentist or associated personnel provide the player with medical assistance and/or treatment and agree, if necessary, to be financially responsible for the cost of such assistance and/or treatment. I acknowledge and fully understand that each player will be engaged in Event activities, and travel to and from Event activities, that involve risk of serious injury and loss which might result not only from the player's own actions, omissions or negligence but actions, omissions or negligence of others, the rules of play, or the condition of the field, premises or of any equipment used at the Event. I hereby assume all the foregoing risks and accept responsibility for any damages resulting therefrom.

On behalf of the player, the player's family, parents, guardians, and heirs, I hereby release, discharge, agree to hold harmless, indemnify, and covenant not to sue DASC, each of its officers, directors, employees, agents, members, partners, volunteers, representatives, and all owners, operators and representatives of all sites at which DASC hosts, sponsors or operates an Event, from any and all liabilities, harm, claims, costs, losses, expenses (including attorneys' fees), demands or causes of action, whether known or unknown ("Claims"), that I may now have or hereafter have for injuries or damages arising out of the player's participation in the Event or travel to and from the Event. I acknowledge the possibility that neither I, nor my successors, may fully know the number or magnitude of all Claims, and agree that this Release is a full and final release of all Claims. This Release is intended to be binding on the player, the player's family, parents, guardians, and heirs. This Release is signed in consideration of the opportunity to play or participate in the Event and will be governed by South Dakota law.

By signing this Release, the undersigned represents and affirms: (i) the player has permission to attend and participate in the Event; (ii) the undersigned has the power and authority to sign this Release; (iii) the undersigned has read and understands this Release; and (iv) the undersigned signed this Release willingly and voluntarily.

Parent/Guardian's Signature _____ Date _____
(Parent/Guardian's Signature –required regardless of Player's Age)

Player's Signature _____ Date _____
(Player Signature is required only if 18 or older)