

USPSA CLINIC WAIVER FORM

All persons participating in a USPSA Power Soccer Clinic must complete this form.

CLINIC LOCATION: _____ DATE: _____

Athlete Coach Referee Volunteer

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 _____

Do you have disability or diagnosis we should be aware of in the event of emergency? _____

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 USPSA Inc. and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to USPSA, Inc. and its affiliates 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 USPSA, 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 as a participant/volunteer to be medically treated in the event that I/minor should sustain any injuries while participating in a Power Soccer activity 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 USPSA, 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 USPSA, 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 USPSA, Inc., to include power soccer games, tournaments, charity/fundraisers or any other event sponsored by USPSA, 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 USPSA, Inc. (initial) _____

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

Signature of Participant

Date

Signature of Parent / Guardian if under 18

Witness