**Futsal Factory Waiver/Medical Release Form**

Released and indemnity agreement: In consideration of being allowed to participate in any way in the Futsal Factory activities, the undersigned:

**1.** Acknowledges and fully understands that each participant will be engaging in activities that involve the risk of injury, intentional or unintentional, to the participants or others. I assume all risks associated with Futsal Factory activities, including, but not limited to, the specific risks related to participating in or attending soccer (Futsal) matches, trainings and scrimmages. **2**. In consideration for being allowed to participate in Futsal Factory activities, I hereby waive and release any and all rights and claims for damages against Futsal Factory, LLC and all other organizations or persons involved in Futsal Factory activities shall have no liability for any claims, suits, losses, or related causes of action for damages or otherwise that may arise from my participation in Futsal Factory activities, including, but not limited to, any claims related to injury or death. I hereby voluntarily waive all such claims and agree that neither I nor anyone else may assert such claims on my behalf. **3.** Releases, waives, discharges, and covenants not to sue nor make claim against Futsal Factory, LLC, Ann Arbor Sportsplex, MPB Fieldhouse, U of M Coliseum, any other facility that Futsal Factory activities participate in, and any of the Futsal Factory sponsors or their respective administrators, directors, agents, coaches and employees or owners/lessors of premises utilized, for losses or damages on account of injury, including death or damages to property, cause or alleged to be caused in whole or in part by the negligence of the “Release.” **4.** I understand that I am solely responsible for any medical bills or other costs that may result from my attendance or participation in Futsal Factory activities. In the event that I become ill or am injured while attending or participating in Futsal Factory activities, I authorize any appropriate medical treatment and specifically release all of the Organizers from any liability associated with providing or not providing such treatment. **5.** If I am a parent, I assume the responsibility of the safety of my child from the following but not limited to hazards such as: faulty equipment, damages to facilities or courts, dangerous objects, inclement weather. I also take responsibility for my child’s actions and will obey all Futsal Factory and facility rules. **6.** I consent to my child’s video or photo to be used on flyers, websites, and brochures for advertising purposes.

I agree that I am 18 years or older or will have a parent/guardian sign the waiver/release form and I agree to obey all applicable Futsal Factory rules and instructions.

I hereby give permission for any and all medical attention necessary to be administered to (Futsal Factory participant) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_in the event of an accident, injury, sickness, etc., until such time as I may be contacted.

The release is effective for the time during which my child is participating in Futsal Factory activities. I also hereby assume the responsibility for payment of such treatment.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work or Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Physicians Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physicians Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Allergies or additional Medical Condition(s) that the coach should know about: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact if parent/guardian cannot be reached**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_