

Farr Post Soccer Academy
Release and Waiver of Liability, Indemnity Agreement and Medical Release

Player's Name: _____

Birthdate: _____ Sex: _____ Social Security Number: _____

Emergency Contact Information

Name: _____ Number: (____) _____

Primary Medical Insurance Company: _____

Policy number: _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for Farr Post Soccer Academy accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify Farr Post Soccer Academy, its officers, agents, employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant Farr Post Soccer Academy and its agents, permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment of my child.

I agree that this release and waiver and indemnity agreement is intended to be as broad and is inclusive as is permitted by the laws of the State of New Jersey.

I HAVE CAREFULLY READ THIS RELEASE AND WAIVER OF LIABILITY, INDEMNITY AGREEMENT, AND MEDICAL RELEASE. I UNDERSTAND ITS TERMS AND HAVE SIGNED VOLUNTARILY.

Signature of Parent/Guardian: _____ Date: _____