



## PARENTAL CONSENT FORM

Player's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age: \_\_\_\_\_ D.O.B: \_\_/\_\_/\_\_\_\_ Gender: M  F

Allergic Reactions (Drugs, food, asthma etc...) NO  YES

If yes, list: \_\_\_\_\_

Taking any medication at this time? NO  YES

If yes, list: \_\_\_\_\_

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

### Select a program:

- Shining  Ole Mini  Ole Stars  Super Stars  Show Ball  Finishing  ODA  Select
- GK Clinics  Futsal  Ole Elites  Team Training  Tourney  Camps  Residential  Trial

Day of the week: \_\_\_\_\_ Time: \_\_\_\_\_

### IN CASE OF EMERGENCY

Parent's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Emergency Contact name: \_\_\_\_\_ Phone number: \_\_\_\_\_

### Release

In consideration of the Participant being permitted to participate in soccer and soccer-related activities offered by Olé Soccer, on behalf of myself and my family members, estate, representatives, heirs, assigns and on behalf of the Participant (in the event the Participant is a minor), I hereby forever release Ole Soccer, LLC, Rnunes Ole, LLC and Rnunes Ole 2, LLC, and their owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and facilities, affiliated organizations, affiliated independent contractors, insurers and others acting on their behalf ("the Released Parties") from any and all present or future claims, demands, causes of action, lawsuits and legal liability, whether known or unknown, relating to or arising out of the negligence of any of the Released Parties. I further agree not to bring any claims, demands, legal actions or causes of action, against any of the Released Parties for any economic and non-economic losses due to personal injury, disability, death or property damage, sustained by the Participant in relation to the Participant's present or future participation in activities offered by Olé Soccer.

### Assumption of Risk

I acknowledge that the activities offered by Olé Soccer can involve vigorous physical exertion, cardiovascular stress and violent physical contact. I understand that participation in sports, including the activities offered by Olé Soccer, involves certain risks of injuries and illness, including, but not limited to, death, permanent disability, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage, and serious injury to virtually all bones, joints, muscles, and internal organs, and that equipment provided for the Participant's protection, including the facilities and play surfaces, may be inadequate to prevent injury. I further understand that the activities offered by Olé Soccer may involve remote locations with limited medical assistance and possible reckless or intentional misconduct of other participants. I voluntarily assume all risks, known and unknown,



associated with the Participant's participation in activities offered by Olé Soccer, even if due to the negligence of any of the Released Parties.

**Consent for Medical Treatment**

By signing this Agreement, the Participant and his/her Parent/Legal Guardian gives permission for Olé Soccer to seek appropriate medical treatment and for the medical treatment to be given to the Participant in the event of accident, injury or illness. The Participant and his/her Parent/Legal Guardian shall be solely responsible for the costs of any such medical treatment and also for any medical costs incurred by reason of participation in the activities offered by Olé Soccer. All Participants must have their own medical/health insurance.

**Authorization for Use of Likeness**

The Participant and his/her Parent/Legal Guardian hereby consent to and authorize Olé Soccer's use, disclosure and publication of the Participant's image and likeness, without compensation, in photographs, videos or other recordings for training, promotional, sales or marketing efforts.

**Indemnification**

I hereby indemnify, hold harmless and agree to defend the Released Parties from any and all claims, including but not limited to claims of negligence, arising from or related to the Participant's participation in activities offered by Olé Soccer.

**Representation as to Fitness to Participate**

By signing below, I represent that the Participant has been found by a medical professional to be medically, physically and mentally fit to engage in in the program(s) in which the Participant is enrolled and that the Participant will follow the directions and rules of Olé Soccer while engaged in activities with Olé Soccer.

**Acknowledgment**

I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of the State of Connecticut, and I agree that if any portion is held invalid, the remainder of the waiver will continue in full legal force and effect and that the invalid portion will be given as much legal effect as permissible. I further agree that the venue for any legal proceedings shall be in the State of Connecticut, Fairfield County.

I affirm that I am of legal age (or, in the event the Participant is minor, that the Parent/Legal Guardian is of legal age) and am freely signing this agreement. **I have read this form and fully understand that, by signing this form, I am voluntarily giving up legal rights.**

Signature of Participant: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

**Consent and Release by Parent/Legal Guardian of a Minor Participant**

I am the parent or legal guardian of the above named minor. I have read and understand this Waiver and Release of Liability in its entirety and understand that it relates to surrendering valuable legal rights of the minor and myself. I agree to be bound by all the terms of the Release & Authorization Agreement. I also give my consent to the minor's participation in the activities offered by Olé Soccer.

Signature of Parent/Legal Guardian: \_\_\_\_\_ Dated: \_\_\_\_\_

Printed Name of Parent/Legal Guardian: \_\_\_\_\_