DATE:

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted**.**

I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify Snap Soccer, and their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named below as a result of that player's participation in soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

SnapSoccer welcomes and appreciates photo contributions from the game fields to help illustrate in print and Web-based publications. I give permission and consent for player listed below to allow photographs/video to be taken during Snapsoccer Playdate games or camp activities. I further give permission and consent that any such photographs may be published and used by Snapsoccer and its agents, to illustrate and promote the SnapSoccer experience.

Team Name: Club Name:

Players Name	Parent Signature