snap soccer

Event 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 the treatment for injury will be based on information available at this time 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 and hold harmless 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.

Snap Soccer welcomes and appreciates photo contributions from the game fields to help illustrate in print and web-based publications. I give permission and consent for all players participating with the team and will allow photographs/video and audio recordings to be taken during any Snap Soccer activities. I further give permission and consent that any such photographs may be published and used by Snap Soccer and its agents, to illustrate and promote the Snap Soccer experience.

I understand that Snap Soccer and its partners are not liable or responsible for any communicable disease contracted by any person while at a Snap Soccer event. Additionally, I and/or anyone under my supervision will **not** attend any Snap Soccer event under any of the following conditions: if I feel ill or am ill; if I have tested positive for COVID-19 within 14 days of the day of the event; if I have come into contact with anyone who has tested positive for COVID-19 within 14 days of the day of the event; if I have health conditions that put me at greater risk of contracting COVID-19 as outlined by most recent CDC guidelines. I assume all responsibility for my health, the health of my player(s), and health of the other players, and coaches.

I could herby confirm that I have read and understand this liability form and have been given time to have an attorney review it. I have not relied on anyone from Snap Soccer to interpret it for me. This contract is governed by the laws of the state of Florida and the parties agree to exclusive venue in Escambia County.

Date: _____

Team Name: _____ Club Name: _____

Player Name	Parent Signature

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