



PARTICIPATION AUTHORIZATION AND MEDICAL RELEASE FORM

All sports, including **SOCCER** pose a risk of severe physical injury to the participants. In the event of a medical emergency resulting from an injury of illness, the instructors / coaches will endeavor to obtain medical treatment for your child. However, **WORLD SOCCER FOUNDATION (identified in this document as WSF), ALL THE PARKS/LOCATIONS USED FOR THIS VENUE, ALL PARTICIPATING PARKS/FIELDS, IT'S SPONSORS, THE CITY MIAMI, ORGANIZERS, PARTICIPATING HOTELS, VOLUNTEERS AND PARTICIPATING TEAMS** and its employees and agents cannot assume responsibility for acts or omissions of third parties who are called to render treatment. I recognize the hazards with my child's participation in the **SOCCER** activities. I give consent for my child to be rendered emergency medical treatment in the event of injury or illness and agree to be responsible for all costs associated with said treatment. I hereby waive, release, absolve, indemnify and agree to hold harmless **WSF, ALL THE PARKS/LOCATIONS USED FOR THIS VENUE, ALL PARTICIPATING PARKS/FIELDS, IT'S SPONSORS, THE CITY MIAMI, ORGANIZERS, PARTICIPATING HOTELS, VOLUNTEERS AND PARTICIPATING TEAMS** and all employees thereof: participants, persons transporting the participants to and from activities; and any individual, group, organization or corporation under contract with **WSF, IT'S SPONSORS, ALL PARKS/LOCATIONS USED FOR THIS VENUE, ALL PARTICIPATING PARKS/FIELDS, IT'S SPONSORS, THE CITY OF MIAMI, ORGANIZERS, PARTICIPATING HOTELS, VOLUNTEERS AND PARTICIPATING TEAMS** for any claim arising out of any injury of illness to the participant. I hereby consent to protect, indemnify and save WSF harmless from and against, and waive any right or claim I or my team may have against WSF in regard to, and all liabilities, losses, damages, costs and expenses (including attorney's fees and expenses of such judgments of whatsoever kind and nature, including those arising or resulting from any injury to or death of any person or damage to personal property) arising from or in any manner directly or indirectly growing out of or connected with the WSF tournament. I hereby assume all responsibility on behalf of all the individuals traveling with me. I understand that WSF is not responsible for the misconduct of Coaches and/or teams resulting in the expulsion from the tournament. Misconduct within the **PARTICIPATING HOTELS, THE CITY OF MIAMI PARTICIPATING PARKS/FIELDS**, will expel the entire team and all participants from the tournament. World Soccer Foundation has the right to use, reproduce, advertise, all photos and videos made of the player, and all individuals traveling in my group, during the tournament. This includes team pictures, individual players, family members, etc. All monies paid, including tournament fee, deposits, are non-refundable.

WSF holds insurance to cover tournament participant for accident resulting from the soccer activities only after the participant's (holder's) primary insurance coverage is assigned. If the claimant is covered by any other health insurance or medical payment plan they must first submit claim to the primary insurance. Claim must be reported immediately, and submit required form within 60 days from the date of accident to the insurance company.

In addition to the release signed by each parent, as Coach, I assume responsibility for all individuals traveling with the team. I have read the aforementioned.

AGE/División:	TEAM NAME:
COUNTRY:	COACHES SIGNATURE



Signature below indicates that I have read, agree, and accept the PARTICIPATION AUTHORIZATION AND MEDICAL RELEASE FORM detailed on page 1.

Table with 4 columns: Name, Date of Birth, Parent or Legal Guardian Signature, E-Mail. The table contains multiple empty rows for data entry.

In addition to the release signed by each parent, as Coach, I assume responsibility for all individuals traveling with the team. I have read the aforementioned.

Form with fields: AGE/División, COUNTRY, TEAM NAME, COACHES SIGNATURE



Signature below indicates that I have read, agree, and accept the PARTICIPATION AUTHORIZATION AND MEDICAL RELEASE FORM detailed on page 1.

Name	Date of Birth	Parent or Legal Guardian Signature	E-Mail

In addition to the release signed by each parent, as Coach, I assume responsibility for all individuals traveling with the team. I have read the aforementioned.

AGE/División:	TEAM NAME:
COUNTRY:	COACHES SIGNATURE