



Addison United Soccer Club Medical Release Form and Image Release Form

Player Name: _____

Date of Birth: _____

Address: _____

Phone: Home: (_____) _____ Mobile: (_____) _____

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the Addison United Soccer Club (AUSC) and affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the AUSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the cost of such assistance and/or treatment.

Signature of Parent/Guardian

Date

IMAGE RELEASE CONSENT

Being the parent/guardian of the above named player, I hereby consent: (i) that photographs, audio/videotapes, electronic images and/or other works in which the player appears or is depicted may be used by Addison United Soccer Club (AUSC) and their affiliates for outlets including but not limited to television, newspapers, internet, club publications, recruitment materials and ads without limitation; and (ii) to release all my and player's rights to the aforementioned and allow it to become AUSC property so that they shall have the right to publish, reproduce, distribute and make other uses free of all claims and/or damages that I or the player may incur.

Signature of Parent/Guardian

Date