

BREAK AWAY SPORTS CENTER, INC. 5964 Executive Drive Fitchburg Wisconsin 53719; Phone: 288-9600

MUST READ & SIGN BEFORE PLAYER LISTED BELOW WILL BE ALLOWED TO PARTICIPATE

PLAYER/PARTICIPANT:

Last Name: _____ First: _____ Middle Initial: _____

M or F: _____ Birth Date (dd/yy): _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Telephone: (Primary) _____ (Alt) _____

IN CASE OF EMERGENCY (I.C.E.):

Physician's Name: _____ Clinic: _____ Hospital: _____

(In the event that a hospital and/or clinic is NOT indicated, paramedics will make the decision where to take participant for medical care/treatment.)

Emergency contact (if other than Parent/Guardian #1): _____ Relationship to participant: _____

Telephone: (Primary) _____ (Alt) _____

The following Release and Consent shall remain in effect for the duration of the 2017-2018 season through August 31, 2018

The undersigned, parent or legal guardian of the above player/participant ("the Participant") recognizes that athletic sports competition, trainings or play, including but not limited to soccer, Frisbee, touch or flag football, touch or flag rugby and lacrosse, are vigorous sports and activities that involve physical contact and that the Participant may suffer temporary or permanent serious physical injuries including, but not limited to, **sprains, fractures, eye injuries, concussions, brain or spinal damage, paralysis or even death while playing, watching or attending a game, tournament, classes, party activities, rentals, practice or scrimmage, or by use of associated (instructional/training) equipment.** The undersigned Participant, or parent/legal guardian of the Participant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to a sport and its related activities including, but not limited to, **head injuries suffered by players impacting each other, goalposts, dashboards (hockey boards), or the ground; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players.** With full knowledge of the above-referenced risks and in consideration of Break Away Sports Center, Inc. accepting the Participant in a sports program(s) at its facility or other venue(s), and pursuant to the recreational assumption of the risk statute, sec. 895.525 Wis. Stats., **the Participant and I hereby accept and assume full responsibility for any and all harm caused by negligence, except by those caused by intentional and/or reckless action, and hereby release, discharge, and/or otherwise indemnify Break Away Sports Center, Inc., its staff, employee, directors and officers and its respective clubs, coaches and their staff, league and tournament sponsors and the directors and officers and any of their facilities utilized for soccer and its related activities as to any claims and causes of action based on allegations of negligence by or on behalf of the Participant and his or her parents or legal guardians.** I also agree that if any of the provisions are for any reason invalid, or unenforceable, in whole or in part, then such provision or provisions only shall be void and shall not affect any other provisions of this Agreement

If you have questions regarding the provisions of this Release or otherwise wish to negotiate any of the provisions of this Release, please contact the Manager of Break Away Sports Center, Inc. Please note that the Participant shall not be permitted to participate in any Break Away Sports Center, Inc. sponsored program or game until this form is agreed upon and/or signed and returned to an authorized Break Away Sports Center, Inc. representative

I hereby represent/declare that the Participant is fit and healthy to participate in the rigors of sports competition and/or its related activities.

X _____
Adult Participant Signature

Date

CONSENT FOR MEDICAL TREATMENT

I hereby authorize the following persons to administer emergency medical treatment to myself or my child, the Participant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or playing at Break Away Sports Center Inc. or other venue(s): All coaches and managers of my child's team and/or Break Away Sports Center, Inc. management, employee, officers, game officials, sponsors officials or agents of any league or tournament that my child or participant may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel and agree to be responsible financially for the reasonable cost of each assistance or treatment. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

I have read and fully understand the above statements.

X _____
Adult Participant Signature

Date

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