

**CONSENT FOR MEDICAL-SURGICAL CARE AND TREATMENT
AND WAIVER OF LIABILITY AND INDEMNIFICATION**

NOTE TO ALL VOLUNTEERS, PARENTS AND GUARDIANS: This form authorizes any care provider to care for you, or your child or ward, and to treat you or your child or ward, as required in an emergency. This form also waives liability against SEWICKLEY AREA SOCCER (SAS) and its parent organization QUAKER VALLEY RECREATION ASSOCIATION (QVRA) and provides that you will also indemnify SAS and QVRA, should you initiate legal action against either. Completion of this form is required in order for you (as volunteer), or your child or ward (as player) to participate. The original is maintained by the coach in case of an emergency.

WARNING AND NOTIFICATION OF RISK: There is no limitation to the nature or severity of the possible injuries as a result of participating in sports, practices or competitions. Serious injuries can be permanent, resulting in impairment or even death. Injury may occur simply due to the nature of the sport without the occurrence of fault or unusual event.

ACKNOWLEDGMENT OF RISK: I have read the above warning and understand the risk to myself (as volunteer) or my child or ward (as player). I am aware and understand the risks of participating in any event or related activities to myself (as volunteer) or my child or ward (as player). I and my child or ward recognize the importance of following the instructions of the coaches and the policies of QVRA and SAS regarding the event or related activities.

WAIVER OF LIABILITY AND INDEMNIFICATION: In consideration of my participation as a volunteer and/or the participation of my child or ward as a player in any QVRA or SAS event or related activities wherever the event may occur, I agree to assume all risks incidental to such participation, including injuries and even death, on my own behalf and/or on behalf of my child or ward. On behalf of myself and/or on behalf of my child or ward, our heirs, executors, administrators, next of kin and assigns, I hereby release, covenant not to sue, and forever discharge SAS and QVRA, their directors, officers, volunteers, agents, employees, contractors, sub-contractors, representatives, successors, assigns, insurers, owners and lessors of the premises used to conduct the events from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of, or in any way connected with my participation as a volunteer, the participation of my child or ward (as player) in any event or related activities, and further agree to indemnify and hold each harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorney's fees and disbursements up through and including any appeal, and consent to waive any subrogation against QVRA, SAS and its insurers. I understand that this release and indemnity includes any claims based on the negligence, action or inaction, of SAS and QVRA, which results in injuries, the spread of disease, death, property damage, and loss by theft or otherwise, whether suffered by me or my child or ward, either before, during or after such event. I declare that I (as volunteer) and my child or ward (as player), are physically fit and have the skill level required to participate in the event or related activities. I further authorize medical treatment for me, and/or my child or ward, at my cost, if the need arises. I further acknowledge that SAS and QVRA reserve the sole right to remove any participant or family member from any event or related activity. I certify that I am 18 years of age or older and, if I am executing this Waiver of Liability and Indemnification on my behalf, and/or on behalf of my child or ward, and that the information set forth below pertaining to myself, and/or my child or ward is true and complete. I have read and understand both the QVRA Concussion Management Plan Guidelines and the SAS Code of Conduct and agree to abide by them in all respects.

Signature of Player _____ Printed Name _____

I hereby give consent to SAS and QVRA, who will be caring for myself, and/or my child or ward during the season to arrange for emergency care and treatment for myself, and/or my child or ward. I acknowledge that I am responsible for all reasonable charges in connection with the care and treatment rendered during this period.

Signature of Parent/Guardian _____ Printed Name _____

Health History: Allergies: _____ Medication Information: _____
Last tetanus or DPT immunization: _____ Current or chronic illnesses: _____
Pediatrician/family physician: _____ Pediatrician/family physician Phone: _____
Player/Parent/Guardian Address: _____
Parent/Guardian Phone: _____ Player's Birth Date: _____
Health Insurance Carrier: _____ Group#: _____
Employer: _____ Member ID#: _____
Employer Address: _____

EMERGENCY CONTACT: _____