

Down Syndrome Association of Jacksonville 2009/2010 Soccer Team Waiver Form

Medical Release

The undersigned acknowledges that the Down Syndrome Association and the Jacksonville Beaches Adult Soccer League (to include their representatives) are not liable for any injury sustained while participating in activities associated with this program.

In consideration of my privilege to participate in the Down Syndrome Association Soccer program, I voluntarily release and discharge the Down Syndrome Association and its agents and/or volunteers from any and all claims for the injury, illness, death or damage my child may suffer as a result of participation in the Soccer program. I expressly acknowledge that I assume the risk of any injury or illness that may result from my participation in this program's activities.

I understand that there is no accident or medical insurance provided with this activity.

Although no medical consent is required with this registration, it is the full responsibility of the parent to obtain such medical consent/approval from the participant's doctor. For children with Down Syndrome, I acknowledge by signing below that an x-ray has been taken of the neck and that my child is at no unnecessary risk.

At all times, a parent or other person responsible must be present during the soccer game.

(Print Full Name of Child)

Signature (Parent or Guardian)

Date

Photo Release

I, _____, agree that the Down Syndrome Association of
(Print full Name of Parent/Guardian)

Jacksonville may display, publish and share in any way, photos of my child/family.

(Print Full Name of Child)

Signature (Parent or Guardian)

Date