

# DirectKix Soccer Production LLC

Player's waiver and release of liability

## Please print:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ D.O.B Mo. \_\_\_\_\_/Day \_\_\_\_\_/Yr. \_\_\_\_\_

Parent or Guardian (If player is under 18 years of age) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

I (parent or guardian if applicable) hereby give my consent and agree to release, indemnify, and hold harmless DirectKix LLC. and all personnel including referees, staff management, scorekeeper and owners from any claim arising from personal injury or property damage to the named individual. I understand that the DirectKix LLC. does not carry insurance to cover participants in the activity of which I am registered. I understand the hardness of the playing surfaces and dasher-boards, and the roughness of the sport. I grant DirectKix LLC. the right to photograph or video the players in participation in soccer activities, and to use the photographs or video in future brochures and, or commercials.

### GUARANTEE OF COMPLIANCE TO RULES OF DIRECTKIX SOCCER PRODUCTIONS LLC.

In the event of any dispute arising between the undersigned agrees to abide with all the DirectKix LLC. rules, policies, and Officials. DirectKix reserves the right to impose restrictions and or penalties as a result of noncompliance with DirectKix rules and policies. Copies of the rules and policies are available at the request of the undersigned in the office of DirectKix. **ALL FEES ARE NON-REFUNDABLE!**

### EMERGENCY AUTHORIZATION

I (parent or guardian of the participant, if a minor), do hereby authorize the coaches, assistants, staff or parents of team members to act in capacity of activity supervisors as agents for the undersigned to consent to medical, surgical, or dental examination or treatment, etc... in case of emergency. I hereby authorize treatment and, or care of registered player in any hospital and by medical physician. If there is an emergency and I cannot be reached, please contact the following emergency name and phone number, (family, friend or neighbor).

In case of emergency contact \_\_\_\_\_ Phone( ) \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone( ) \_\_\_\_\_

Health Insurance Co. Name \_\_\_\_\_ Policy# \_\_\_\_\_

Authorization of Emergency Care, Acknowledgement of Disclaimer, and Guarantee of Compliance of Rules of DirectKix Soccer Productions LLC.

## Please read all of the above before you sign

Signature of Player (if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent (if player is under 18 years of age) \_\_\_\_\_