



This form applies to all events held and/or organized by the Regional Sports Center (RSC) and KICKS Inc. in Crystal Lake, IL 60012
Parent / Guardian initials and signature are required for registered youth players to participate at RSC / KICKS Inc.
Copies of this form can be submitted to multiple events but must be presented by the coach in each individual event. Retain a copy for future use.

Liability Waiver Form

Each statement must be initialed by Parent or Guardian, except for registered adult players, who must initial on their own.

The Undersigned hereby:

- Agree that prior to participating, if present I will inspect the facilities & equipment, and if I believe anything to be unsafe will immediately advise my coach or supervisor of such conditions.
- Acknowledge and fully understand that each player is voluntarily participating in activities that involve risk of injury (including catastrophic injury or death), which might result not only from their own actions, inactions or negligence of others, the rules of play, the conditions of the premises or any of the equipment used. This includes any risks not reasonably foreseeable to RSC / KICKS, Inc.
- Assume all the foregoing risks as a condition of participation and accept personal responsibility for the damages following any such injury
- Unconditionally release, waive and consent not to sue the Regional Sports Center and/or KICKS Inc., their foundation, officers, directors, administrators, agents, coaches, other employees, and volunteers of the Regional Sports Center? KICKS Inc., sponsoring agencies, sponsors, advertisers, Illinois Youth Soccer Association, Illinois Amateur Sports Commission, McHenry County, and the State of Illinois, for any and all liability to the undersigned, their heirs, and next of kin. This is for any claims or losses on account of injury. Including death, or damage to property, while participating in any and all of RSC / KICKS Inc. official or unofficial activities, events or competitions.
- Accept responsibility for the coach's and/or player's decision to continue participation if suffering from injuries.
- Give permission for medical data to be used anonymously in medical education and published studies of injury statistics and analysis. Consent to use, without compensation, my picture, name, voice or likeness for promotional, television, radio, or firm coverage of RSC / KICKS, Inc. events.

Permission to administer medical care: by signing this form, you have accepted responsibility for all medical expenses incurred whether or not you are covered by insurance.

As the parent / guardian of the participant named below, I request that in my absence, the named player be admitted to any hospital or medical facility for diagnosis and treatment. In case of injury, accident or illness, I authorize the head coach and on-site volunteer medical / first aid staff to provide appropriate medical treatment. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the player to the hospital. I request and authorize physicians, athletic trainers, technicians, first aid personnel, nurses and dentists to perform any diagnostic treatment or operative procedures and x-rays for the named player. I have been given no guarantee as to the results of examination or treatment. I accept total responsibility for any and all medical costs of the above player.

I have read and understand the above release and grant my permission to administer medical care.

Participant Name

Participant Signature

Date

Parent / Guardian Name (Print)

Parent / Guardian Signature

Date

➤ Parent / Guardian must sign if player is registered as a youth player.

EMAIL: _____

Sport or League / Team Age Group

Coach Name (Print)

Player's Birth Date