

## **Broomfield Fives Waiver Form**

I, the parent/guardian of below named player, a minor agree that I and the player will abide by the rules and regulations of the *Broomfield Fives League*. In consideration of the players participation, I hereby release and indemnify the *Broomfield Soccer Club* and all parties, the owner and operator of the facilities used, and their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages, or cause of action arising out of or in connection with the player's participation in the program. I further grant the *Broomfield Soccer Club* and all parties, the right to use the players name, picture and/or likeness in printed broadcast and other material concerning the programs provided such use is related to the player's status as a participant in the program.

Team Name \_\_\_\_\_

Player's Name \_\_\_\_\_

SIGNED: \_\_\_\_\_

(must be signed by Parent or Legal Guardian if Participant is under eighteen years of age)

## **Consent for Medical Treatment (Minor)**

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, and well being of my dependant.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (cell): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_