

Release Form

Player Name: _____ Phone: _____

Age: _____ Birthday: _____

Parent(s) Name: _____

Email: _____

Allergies (if any): _____

Primary Care Physician: _____

Phone: _____

IN CONSIDERATION FOR MATTHEW BAKER AND PERFECT TOUCH SPORTS, LLC (PERFECT TOUCH SOCCER) OF BETHLEHEM, PENNSYLVANIA PROVIDING THE OPPORTUNITY FOR ME OR MY CHILD, IF MY CHILD IS UNDER THE AGE OF EIGHTEEN (18), TO PARTICIPATE IN PERFECT TOUCH SOCCER TRAINING, THE UNDERSIGNED DOES HEREBY RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE ORGANIZATION AND ITS TRAINERS FROM ANY AND ALL CLAIMS FOR PERSONAL INJURY, DEATH, PROPERTY DAMAGE, OR ANY TYPE OF CLAIM OR DAMAGE (INCLUDING BUT NOT LIMITED TO ATTORNEY'S FEES OR LITIGATION EXPENSES) RESULTING FROM MY OR MY CHILD'S ACTIVITIES IN CONNECTION WITH PARTICIPATION IN PERFECT TOUCH SOCCER TRAININGS OR ANY ACTIVITIES OF PERFECT TOUCH SPORTS, LLC.

Further, the undersigned acknowledges that the risk of injury to myself or my child from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist, and I agree to the following:

Assumption of Risk : FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and

I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from participation and bring such attention of the owner, employees, or contractors and instructors of Perfect Touch Soccer; and

Medical Release -I assume all risks and hazards incidental to such participation or my child's participation in Perfect Touch Soccer training and activities and consent for my child and myself to receive first-aid and/or emergency care by a qualified Emergency Medical Technician or physician or other person qualified to render medical assistance in the event that I or my child suffer an injury during sanctioned games and activities.

COVID-19 Communicable Disease Release - By participating in or attending any Event, there are certain risks to the undersigned arising from or related to possible exposure to communicable diseases, including, but not limited to, the severe acute respiratory syndrome coronavirus which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). Each of the undersigned is fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assumes full responsibility for any and all risk of personal injury, illness or other loss or harm that the

Perfect Touch Sports, LLC
Perfect Touch Soccer
610.442.5039

undersigned may sustain in connection with such Communicable Diseases and relating to participation in or attending any Event.

I agree to have any and all medication (prescription and non-prescription) for myself or my child and shall be solely responsible for dispensing any such medication to my child.

Media Release -I understand that there may be media and promotional coverage of Perfect Touch Soccer trainings and activities and I give my consent to publish my name and picture or my child's name and picture for any and all such purposes including social media. I hereby grant Perfect Touch Soccer, its affiliates, advertising and promotional agencies, and their agents, the irrevocable, unrestricted right and license to use, publish, display and distribute materials bearing my (or my child's) name, voice, likeness or any other identifiable representation of me and my family members. I hereby release and forever discharge the Perfect Touch Soccer from any and all liability and damages relating to my (or my child's) name, voice, likeness or any identifiable representation of me or my child. I hereby waive any right I may have to inspect or approve the finished material or any part of element thereof that incorporates my (or my child's) name, voice, likeness or any other identifiable representation of my family and me. I have agreed to the above in consideration of the opportunity given to me (or my child) by Perfect Touch Soccer to appear in these materials.

Full Release: I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS PERFECT TOUCH SPORTS, LLC its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name: _____ Date: _____

Signature (if 18 years of age and over): _____

Signature of Parent or Guardian (if under 18): _____

Name of Parent or Guardian (please print): _____