**MEDICAL CONSENT AND RELEASE OF LIABILITY**

**Please read before signing**

I, (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the undersigned, **(1)** Agree to accept the regulations that govern this organization, I am responsible for any behavior and I will accept any justified sanction as a result of violating the rules that govern this organization. **(2)** I acknowledge that soccer is a contact sport and that serious injury or death could occur. **(3)** I agree to indemnify and to hold harmless the Inland Valley Soccer League Inc, its officials, sponsors, coaches and referees, of any complaint as a result of personal injury that can occur during the soccer games. **(4)** I also understand that when SIGNING UP and paying player fees, the undersigned will not be covered by any type of medical or accident insurance. **(5)** I acknowledge that weather can be adverse, and I will accept any and all decisions to play in the fields without objection, protest or compensation whatsoever. **(6)** If I become unconscious as a result of an accident during a soccer game. I authorize and consent to receive urgent medical attention prescribed by a paramedic, certified Doctor of Medicine or certified dentist. This care can be under any circumstance that is necessary to save my life, preserve a part member of my body or well-being of my person during the games, events and tournaments scheduled by the league where I participate **(7)** I authorize and give permission so that any photos or video taken of my person during the games or events sanctioned by the Inland Valley Soccer League and their affiliates can be used for advertisement purposes and to be publish in the Inland Valley Soccer League Inc. website without any compensation whatsoever.

**I HEREBY FULLY AGREED THAT I AM PARTICIPATING UNDER MY OWN PERSONAL AND PHYSICAL RESPONSIBILITY AND ACCEPT TO PLAY WITHOUT ANY TYPE OF COMPENSATION.**