



MEDICAL RELEASE FORM – GAMEFACE INTERNATIONAL, LLC and F.C. REVOLUTION

This statement must be accepted by guardians of players in order to participate in program.

The use of equipment, participating in programs, and playing contact sports such as soccer are inherently dangerous. I, the guardian, on behalf of myself and my player (collectively Participants) hereby:

- (1) assume the risk of personal injury, property damage, or other loss (collectively injuries) to the Participant arising from or related to the activities conducted and services provided by GAMEFACE International, LLC;
- (2) unconditional waive, release, and discharge GAMEFACE International, LLC, F.C. Revolution and their agents, employees, staff members, officers, directors, partners, members (collectively the Released Participants) from all liability, claims, or responsibility for injuries to participant;
- (3) grant permission for Participant to participate in GAMEFACE International, LLC activities;
- (4) unconditionally release the Released Parties from injury arising from any good faith acts or omissions in emergency situations and
- (5) give permission to the staff to evaluate and treat my child, while participating in GAMEFACE International, LLC activities.

I agree that you may photograph and/or videotape me or my child during my activities and that you retain the right to use these visual images in future literature for GAMEFACE International, LLC without compensation to me or my child. I further agree that you may use my name, my child's name, or any testimonials made by us without limitation in advertising and promoting GAMEFACE International, LLC.

By signing below, I represent that I am over the age of 18 or a parent/guardian of the minor named participant, and agree that the grant and release contained therein binds me and the minor of all its terms.

Player's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: ____/____/____

Emergency Phone Number: _____ - _____ - _____