



## 2010 ONE Lowell World Cup Adult Participant Release of Liability and Consent for Emergency Medical Treatment and Audio / Visual Release Form

Participant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Emergency contact \_\_\_\_\_

Allergies/medical conditions \_\_\_\_\_

In consideration of being allowed to participate in any way in the event and related activities, I the undersigned, acknowledge, appreciate, and agree that:

1. I am at least 18 years of age.
2. The risk of injury from soccer is significant, including the potential for permanent paralysis and death. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume full responsibility for my participation.
3. I willingly agree to comply with the terms and conditions of my participation. If I observe any unusual significant hazard during my participation, I will remove myself from participation and bring such to the attention of the nearest coordinator immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless ONE Lowell, its officers, officials, agents and/or employees, other participants, sponsors, referees, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (releasees), from any and all claims, demands, losses, and or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.
5. I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide me with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of my son to a medical treatment facility should an individual listed above consider it to be warranted.
6. I hereby authorize ONE Lowell to use photographs, videotape recordings or audio recordings of myself for reproduction in any medium that ONE Lowell sees fit for the purposes of advertising, display, audiovisual, exhibition or editor use. Photographs WILL NOT be accompanied by any identifying information, including name or address.

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