



# Spectra Soccer Association

## 1. Participant & Emergency Information

Player (Participant) First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age Group (circle one): **U12-U14** **U16**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Legal Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Emergency Contact #1** (if Parent/Guardian cannot be reached):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ [Name]

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact #1** (if Parent/Guardian cannot be reached):

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ [Name]

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital (if any): \_\_\_\_\_

Allergies (food/medicine/other): \_\_\_\_\_

Medical Conditions/Concerns (asthma, seizures, etc.):

\_\_\_\_\_

Current Medications:

\_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy/Group #: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_



# Spectra Soccer Association

## 2. Liability Waiver & Release of Claims

I understand that under Illinois law, a parent or legal guardian generally may not waive or release a minor's future personal injury claims. This Agreement is intended to confirm informed consent, assumption of risk, and to establish binding obligations of the Parent/Guardian, including indemnification and defense obligations, to the fullest extent permitted by law.

## 3. Release of Claims (Parent/Guardian)

In consideration for participation, I release and discharge SPECTRA SOCCER ASSOCIATION and all related parties ("Releasees") from any claims arising out of participation in the Program, including those arising from ordinary negligence. This does not apply to reckless, willful, or wanton conduct or any non-waivable liability.

## 4. Assumption of Risk

I understand participation involves risks including injury, illness, collisions, environmental conditions, overexertion, transportation risks, and communicable disease exposure. I knowingly assume all risks, including those arising from ordinary negligence, and accept full responsibility for participation.

## 5. Indemnification, Defense & Hold Harmless

I agree to defend, indemnify, and hold harmless the Releasees from all claims, including those brought by or on behalf of the Participant. This includes attorneys' fees, costs, settlements, and judgments. This obligation includes a duty to defend from the outset of any claim and applies except where caused by reckless or willful misconduct.

## 6. Medical Treatment Authorization

I authorize emergency medical care if I cannot be reached. I understand the Program does not provide medical insurance and I am responsible for all costs.

## 7. Concussion & Return-to-Play Acknowledgment

I acknowledge receipt of concussion information. I understand a participant may be removed from play and generally requires medical clearance before returning. These protocols are guidelines intended to promote safety and may vary based on circumstances.



## Spectra Soccer Association

### **8. Communicable Disease Assumption of Risk**

I understand participation may increase exposure to infectious diseases and voluntarily assume all related risks.

### **9. Transportation Disclaimer**

The Program does not provide transportation. All transportation is independently arranged and all related risks are assumed by me.

### **10. Athlete Safety & Abuse Prevention**

The Program maintains safety policies including SafeSport guidelines. I understand these reduce but do not eliminate risk and agree to report concerns.

### **11. Background Screening Disclosure**

The Program requires background screening in accordance with governing policies. I understand no screening process guarantees safety.

### **12. Data Privacy & Media Release**

I consent to the collection of necessary personal and medical information for program use.

**[ ] I CONSENT / [ ] I DO NOT CONSENT to use of the Participant's image for promotional purposes.**

### **13. Arbitration, Waiver of Jury Trial & Class Actions**

Any dispute shall be resolved through binding arbitration in Illinois. I waive the right to a jury trial and to participate in class actions. Arbitration will occur on an individual basis only.

### **14. Limitation of Liability**

To the fullest extent permitted by law, liability is limited to actual damages and excludes punitive damages.

### **15. Governing Law**

This Agreement is governed by Illinois law.

### **16. Severability**

If any provision is unenforceable, the remainder remains in effect.



# Spectra Soccer Association

## 17. Entire Agreement

This document represents the full agreement.

### SIGNATURES

By signing below, I confirm that I have carefully read this Agreement, understand its contents, and sign it voluntarily. I understand that this is a legal document and that I am giving up certain rights on my own behalf to the fullest extent permitted by law.

**Parent/Legal Guardian (Print Name):** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Parent/Legal Guardian Signature:** \_\_\_\_\_

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

**Participant Signature (if Participant is 18 or older):** \_\_\_\_\_

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

**Witness (Print Name):** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_