

## **Broomfield Fives Adult Waiver Form**

I agree that I will abide by the rules and regulations of the *Broomfield Fives League*. In consideration of my participation, I hereby release and indemnify the *Broomfield Soccer Club* and all parties, the owner and operator of the facilities used, and their respective directors, officers, employees, agents, and representatives from and against all claims, liabilities, damages, or cause of action arising out of or in connection with my participation in the program. I further grant the *Broomfield Soccer Club* and all parties, the right to use my name, picture and/or likeness in printed broadcast and other material concerning the programs provided such use is related to the player's status as a participant in the program.

Team Name \_\_\_\_\_

Player's Name \_\_\_\_\_

SIGNED: \_\_\_\_\_

## **Consent for Medical Treatment**

I hereby give consent for emergency medical care prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve my life, limb, and well being.

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

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (cell): (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_