



**EVERTON AMERICA MEDICAL RELEASE AND WAIVER 2015/2016**

I, the undersigned, the legal guardian of \_\_\_\_\_ grant permission for him/her to participate fully in the activities of the Everton America CT soccer program. I hereby give my full permission to the physician or emergency medical personnel selected by the coaching staff, administrators or representatives of Everton America CT to order x-rays, tests and treatment for my child. In the event that I cannot be reached in an emergency I hereby give permission to the physician or emergency medical personnel selected by the coaching staff, administrators or representatives of Everton America CT to hospitalize and secure proper treatments, and to order injection and/or anesthesia and/or surgery for my child. I expect every effort will be made to contact me in order to receive my authorization before any treatment or hospitalization is undertaken.

I further agree to release and discharge "Everton America CT et al" and any other parties, included but not limited to, providers of transportation for the children, including the use of their own vehicles, their heirs, administrators, executors, successors, and assigns from, and hold them harmless against all claims actions, causes of action, suits, damages, and any liability of any kind whatsoever, arising out of my son/daughter's participation in "Everton America CT et al" activities and programs, including but not limited to, the transportation of my son/daughter to and from activities by persons using their own vehicles or hired vehicles or by public transport.

I also agree that any photographs, video, or any other recordings of any Everton America CT event may be used for publicity, advertising or any other legitimate purpose.

PARENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_