RISK OF INJURY CONSENT

I, the Parent/Guardian of the applicant(s) on this form, hereby indicate my approval for the Participant to participate in any and all soccer/futsal activities. I assume responsibility for all risks and hazards inherent in and incidental to the conduct of such physical activities including transportation to and from the games. I do further release, absolve, indemnify and hold harmless J Eufracio Soccer LLC d/b/a Lafayette Futsal ("Lafayette Futsal"), its organizers, employees, sponsors, and supervisors, any and all of them, from liability as a result of those risks and hazards including their own negligence.

CODE OF CONDUCT CONSENT

I have read and agree to abide by Lafayette Futsal's Parent/Guardian Code of Conduct:

MEDICAL EMERGENCY CONSENT

In a medical emergency, I authorize the coach and related personnel (such as assistants or parents of other team members) to take the Participant to the closest hospital for treatment or call for treatment as the situation may appear to warrant in the reasonable judgment of Lafayette Futsal.

CONSENT TO PHOTOGRAPH AND AUTHORIZATION FOR PUBLICATION

I understand that by registering my dependent(s) on this form for the Lafayette Futsal, I agree to allow Lafayette Futsal to photograph/video them for publications, advertising, and/or public relations.

PARENT SIGNATURE: _____ DATE: _____