

RELEASE OF LIABILITY, CONSENT FOR MEDICAL TREATMENT

MUST READ & SIGN BOTH PAGES BEFORE LISTED PLAYER CAN PARTICIPATE

PLAYER/PARTICIPANT:* (please print clearly)

Last Name: _____ First: _____ Middle Initial: _____ M or F: _____ Birth Date (mm/dd/yy): _____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian #1: _____ Telephone: (Primary) _____ (Alt) _____

Parent/Guardian #2: _____ Telephone: (Primary) _____ (Alt) _____

IN CASE OF EMERGENCY (I.C.E.):

Physician's Name: _____ Clinic: _____ Hospital: _____

(In the event that a hospital and/or clinic is NOT indicated, paramedics will make the decision where to take participant for medical care/treatment.)

Emergency contact (if other than Parent/Guardian #1): _____ Relationship to participant: _____

Telephone: (Primary) _____ (Alt) _____

REQUIRED FOR PARTICIPANTS UNDER 19 YRS PARTICIPATING IN YOUTH LEAGUE(S)*

Parent/Guardian #1: _____ Telephone: (Primary) _____ (Alt) _____

Parent/Guardian #2: _____ Telephone: (Primary) _____ (Alt) _____

The following Release and Consent shall remain in effect for the duration of the 2020-2021 Season through August 31, 2021

RELEASE OF LIABILITY

The undersigned, parent or legal guardian of the above player/participant ("the Participant") recognizes that athletic sports competition, trainings or play, including but not limited to soccer, lacrosse, baseball, ultimate "Frisbee", team handball, touch or flag football, and touch or flag rugby, are vigorous sports and activities that involve physical contact and that the Participant may suffer temporary or permanent serious physical injuries including, but not limited to **illness due to COVID-19, virus, sprains, fractures, eye injuries, concussions, brain or spinal damage, paralysis or even death while playing, watching or attending a game, tournament, classes, party activities, rentals, practice or scrimmage, or by use of associated (instructional/training) equipment.** The undersigned Participant, or parent/legal guardian of the Participant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to a sport and its related activities including, but not limited to, **head injuries suffered by players hit by a ball, Frisbee, or other equipment: or by impacting each other, goalposts, dashboards (the walls surrounding and part of the area of play) or the ground; violent or overly rough play; player fights; injuries caused by poor field conditions or negligence or misconduct by coaches, parents, referees or other players.** With full knowledge of the above-referenced risks and in consideration of Break Away Sports Center, Inc. accepting the Participant in a sports program(s) at its facility or other venue(s), and pursuant to the recreational assumption of the risk statute, sec. 895.525 Wis. Stats., **the Participant and I hereby accept and assume full responsibility for any and all harm caused by negligence, except by those caused by intentional and/or reckless action, and hereby release, discharge, and/or otherwise indemnify Break Away Sports Center, Inc., its staff, employee, directors and officers and its respective clubs, coaches and their staff, league and tournament sponsors and the directors and officers and any of their facilities utilized for soccer and its related activities as to any claims and causes of action based on allegations of negligence by or on behalf of the Participant and his or her parents or legal guardians.** I also agree that if any of the provisions are for any reason invalid, or unenforceable, in whole or in part, then such provision or provisions only shall be void and shall not affect any other provisions of this Agreement.

I am also aware of the existence of the risk on my physical appearance to the venue and my participation in close proximity to others in an activity at Break Away Sports Center, Inc may cause injury or illness such as, but not limited to Influenza, MRSA, COVID-19 or other infectants that may also cause illness.

I attest that I have not experienced symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within the last 14 days, and anything to the contrary, I shall not enter the premises of Break Away Sports Center, Inc and shall seek immediate medical advice. I am fully and personally responsible for my own safety and actions while attending and/or during my participation, and in doing so, I recognize that I may be at risk of contracting COVID-19 or other infectants.

With full knowledge of the risks involved, I hereby release, waive, discharge Break Away Sports Center, Inc, its board, officers, independent contractors, affiliates, employees, representatives, successors, and assigns from any and all liabilities, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, injury, or death, that may be sustained by me related to viruses, COVID-19 or other infectants while participating in any activity while in, on the premises or while using the facilities that may lead to unintentional exposure or harm due to infectants.

I agree to indemnify, defend, and hold harmless Break Away Sports Center, Inc from and against any and all costs, expenses, damages, lawsuits, and/or liabilities or claims arising whether directly or indirectly from or related to any and all claims made by or against any of the released party due to injury, loss, or death from or related to COVID-19 or other infectant(s).

If you have questions regarding the provisions of this Release or otherwise wish to negotiate any of the provisions of this Release, please contact the General Manager Break Away Sports Center, Inc. Please note that the Participant shall not be permitted to participate in any Break Away Sports Center, Inc. program or game until this form is agreed upon and/or signed and returned to an authorized Break Away Sports Center, Inc. representative.

I hereby represent/declare that the Participant is fit and healthy to participate in the sport of soccer and its related activities.

X
REQUIRED _____
Parent/guardian or Adult Participant Signature Date

CONTINUED ON THE REVERSE SIDE

BREAK AWAY SPORTS CENTER, INC.: 5964 Executive Drive Fitchburg WI 53719; Phone:(608)288-9600; Fax:(608)288-8582

MUST READ & SIGN ALL SECTIONS ON BOTH SIDES OF FORM BEFORE PARTICIPANT LISTED WILL BE ALLOWED TO PARTICIPATE

CONSENT FOR MEDICAL TREATMENT

I hereby authorize the following persons to administer emergency medical treatment to myself or my child, the Participant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or playing at Break Away Sports Center Inc. or other venue(s): All coaches and managers of my child’s team and/or Break Away Sports Center, Inc. management, employee, officers, game officials, sponsors officials or agents of any league or tournament that my child or participant may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel and agree to be responsible financially for the reasonable cost of each assistance or treatment. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein

I have read and fully understand the terms of the above statements.

X

REQUIRED

Parent/guardian or Adult Participant Signature

Date

CONSENT FOR SUSPENSION OF PLAY DUE TO HEAD TRAUMA

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly. You cannot see a concussion. Signs and symptoms of a concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just “doesn’t feel right.” Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the Signs or symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

Signs of a concussion: include but are not limited to participant with the head trauma being dazed, stunned, confused, slow to answer questions, cannot recall event prior to trauma, loss of consciousness, change in behavior or personality and forgets important weekly events, class schedule or assignments

Symptoms reported by the child include but not limited to expressing difficulty thinking clearly or concentrating, feeling tired, run down, or sluggish, physically feeling nausea, vomiting, a head ache problem balancing or dizziness, blurred or double vision, fatigued, light or noise sensitive, feeling emotionally sad or extreme, nervous/anxious, and may sleep less or more than usual, or has trouble falling asleep

DANGER SIGNS: Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- | | |
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| <ul style="list-style-type: none">One pupil (the black part in the middle of the eye) larger than the otherDifficult to arouseSevere headache or worsening headacheWeakness, numbness, or decreased coordinationRepeated vomiting or nauseaSlurred speech | <ul style="list-style-type: none">Convulsions or seizuresDifficulty recognizing people or placesIncreasing confusion, restlessness, or agitationUnusual behaviorLoss of consciousness (even a brief loss of consciousness should be taken seriously) |
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Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should Seek medical attention. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning activities) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.

To learn more about concussion go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.

YOUTH PARTICIPANT UNDER 19: CONCUSSION PARTICIPATION REQUIREMENTS

As the Parent/Guardian of a youth participant, I agree that by signing this Form that I have received and read the Concussion Information above and I agree that if my child shows symptoms of a concussion or head injury that he/she is to be removed from the competition until such time that a healthcare professional can examine my child and provide written clearance to my Manager/Coach for my player to return to play soccer.

X

REQUIRED

Parent/guardian Signature of Participant Under 19 in Youth Activity

Date