

2016 Ironsides Black and Red 1 Day Soccer Clinic

PLEASE PRINT

NAME: _____ HOME ADDRESS: _____ STATE: _____
CITY: _____ ZIP: _____

(please return forms and payment to Ironsides Soccer, C/o Jared Scarpaci, 17 Towne Lane, Topsfield, MA)

Liability Release, Waiver, Discharge and Covenant Not to Sue

This is a legally binding Release, Waiver, Discharge and Covenant Not to Sue (collectively, "Release"), made voluntarily by me, the undersigned Releasor, on my own behalf, and on behalf of my heirs, executors, administrators, legal representatives and assigns (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian, if Releasor is under 18 years of age) to the Massachusetts Institute of Technology ("MIT").

As the undersigned Releasor, I fully recognize that there are dangers and risks to which I may be exposed by participating in the program, trip or other activity described as Ironsides Boston Collegiate ID Clinic, (the "Activity"). As the undersigned Releasor, I understand that MIT does not require me to participate in this Activity, but I want to do so despite the possible dangers and risks and despite this Release. With informed consent, and for valuable consideration received, including assistance provided by MIT, as the undersigned Releasor, I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Activity, and, to the extent permitted by law, I release MIT and all of its affiliates, divisions, departments and other units, committees and groups, and its and their respective governing boards, officers, directors, principals, trustees, legal representatives, members, owners, employees, agents, administrators, assigns, and contractors (collectively "Releasees"), from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that I may suffer at any time arising from or in connection with the Activity, including any injury or harm to me, my death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save Releasees harmless from and against any and all Liabilities.

As the undersigned Releasor, I recognize that this Release means I am giving up, among other things, all rights to sue Releasees for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, executors, administrators, legal representatives and assigns, as well as myself. I also affirm that I have adequate medical or health insurance to cover any medical assistance I may require.

I agree that this Release shall be governed for all purposes by Massachusetts law, without regard to such law on choice of law.

I have read this entire Release. I fully understand the entire Release and acknowledge that I have had the opportunity to review this Release with an attorney of my choosing if I so desire, and I agree to be legally bound by the Release.

THIS IS A RELEASE OF YOUR RIGHTS, READ CAREFULLY AND UNDERSTAND BEFORE SIGNING.

(Releasor's Signature) (Parent's Signature, if Signatory is minor)

(Print Name) (Print Name)

(Date)

CONDUCT AGREEMENT

Our goal at the clinic is to provide all players with a developmental, enjoyable and memorable experience. In an effort to attain this goal an environment of safety and comfort needs to exist. We feel this is a part of the learning process at the combine. We want the player to read the following with his/her parent(s), and for the parent(s) to make sure that the player understands what is expected of him/her while he/she is at the combine. It is mandatory that both the player and his/her parent/guardian sign the Conduct Agreement with the intention of following it.

1. All players need to respect other players, staff and themselves.
2. All players need to respect clinic property and the property of other players.
3. All players need to follow the safety rules of the clinic.
4. Profanity, fighting, hitting, threatening or disruptive behavior of any kind will not be tolerated at the clinic.
5. Smoking, and/or the use or possession of drugs or alcohol at the clinic is not permitted.
6. At the clinic, the player will observe all rules and policies of the host institution and all will not violate any "lights out" or other rules their overnight stay.
7. Player and parent/guardian(s) know what program the player is enrolled in and the player will participate willingly in all activities.

If a player violates any of these rules one or more of the following steps may be taken:

1. Player will be given a warning by the clinic director and the parent/guardian will be notified.
2. Player will be suspended from participating in activities.
3. The parent/guardian will be notified and will be required to pick the player up from the clinic.

We have both read this statement and understand it.

Signature of Player Date

Signature of Parent/Guardian Date

Parent/Legal Guardian Release Form

Player's Name: _____
D.O.B.: _____ Sex: _____
(please print)

Parent Name(s): _____
Phone #s: _____
(please print)

I, the player's parent/legal guardian, understand the nature of combine activities, certify that the player is able to participate in the program, and grant permission for said participation. I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Clinic. On behalf of myself, my child, our assignors, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless the Ironsides Boston Collegiate ID Clinic and Ironsides Soccer Consulting LLC("Releasees"), its owners, officers, agents and employees from any and all liability, damage and claims of any nature arising from or in any way related to my child's participation in this program. I release 'Releasees' from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that my son may suffer at any time arising from or in connection with the Activity, including any injury or harm, my son's death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save 'Releasees' harmless from and against any and all Liabilities.

Parent Signature: _____
Date: _____

Medical and Emergency Information

In anticipation of my child's participation in the combine program, I certify that I have consulted with my child's physician and that my child has been medically cleared for combine-related activity. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. I understand that my child will not be allowed to participate in this program without medical insurance coverage as documented below.

Insurance Provider: _____
Policy #: _____
Policy Holder's Name: _____
Date of last tetanus shot: _____

List any & all medications. _____

Does your child need clinic staff to store and/or dispense medication?
YES _____ NO _____

If yes, please provide specific instructions: _____

List any medical condition or history that would require special attention (e.g., medication or food allergies, asthma, diabetes, epilepsy); also, please provide treatment protocol (e.g., inhaler, Epipen, insulin):

Emergency Treatment/Pick Up Form

Primary Emergency Contact Name & Phone #
(include area code):

Secondary Emergency Contact Name & Phone #
(include area code):

Parent/Guardian

Signature: _____

Date: _____

Persons Permitted to Retrieve Your Child from Clinic:

Please let us know if there are special arrangements or restrictions for early dismissal or retrieving your child during the combine.

Name of the person or persons to whom we may release your child:

If player needs to be released at any time other than the end of clinic please specify date and time here:

Is there additional information that we need to know? (For example, if your child is named as a "protected person" in an order of protection or civil restraining order, you may inform us and provide us with a copy of the document.)

Items to Bring to Clinic

- Shin Guards
 - Shoes with Cleats
 - Sneakers
 - Raingear, Sweatshirt, Jacket
 - Training Clothing – sufficient for the duration of the clinic
 - Pen and paper
 - Water Bottle
- * Soccer Balls will be provided for clinic
* A numbered t-shirt will be provided for the clinic and is yours to keep
* Water Coolers will be field side for water bottle fill-up