

## REGISTRATION

Participant Full Name: \_\_\_\_\_

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

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

Date of Birth: \_\_\_\_\_, 20\_\_\_\_ Age now\_\_\_\_ Male\_\_\_\_

Telephone Number Home \_\_\_\_\_

Parent Name \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Info: Wk \_\_\_\_\_ Cell \_\_\_\_\_

Parent Name \_\_\_\_\_ E-Mail: \_\_\_\_\_

Emergency Contact Info: Wk \_\_\_\_\_ Cell \_\_\_\_\_

Mail registration with payment payable to Milan to:

Milan Socal  
27471 Catala Ave  
Saugus, CA 91350

## PLAYER LIABILITY RELEASE AND INDEMNITY AGREEMENT

Please read carefully before signing.

By my signature below, I certify and confirm that I am the parent guardian of \_\_\_\_\_, a player ("Player") who desires to participate in a Milan soccer activity, I also desire that the Player be allowed to participate in soccer matches. As a parent or legal guardian, and individually, I acknowledge that Player's participation in any soccer match, involves a risk of injury to Player. As a parent or legal guardian for Player a despite such risk, I expressly assume that risk to injury to Player, a minor child, and to induce Milan to permit Player to participate, I enter into this Agreement, and I agree and confirm the following: (1) Player is physically fit and able to participate in all respects in Soccer activity; and (2) I hereby release, and agree to fully indemnify and hold Milan and Milan soccer activities and the members, directors, officers, employees, volunteers, vendors, insurers, attorneys , and agents of Milan("INDEMNITEES") harmless from any claims, demands, actions, causes of action, losses, damages, or liability (including, without limitation, all expense of litigation, courts, and attorneys' fees) for any injury to or death of Player or to any other person whatsoever. Without limiting the scope of the foregoing, this Release and Indemnity Agreement specifically includes any and all claims in any way arising out of related to Player's participation in Milan soccer activities including without limitation, any participation in a soccer match during the soccer clinic or camp, and any claims for medical expenses, pain and suffering, physical disfigurement, mental anguish emotional distress, loss of consortium, or for lost of wages, or any injury to any property received or sustained by any person or property, **EVEN IF SUCH CLAIM IS BASED ON A CLAIMED NEGLIGENT ACT OF ANY OF THE INDEMNITEES.** Further, the undersigned agrees that Milan has no right of control or influence on the safety or security of the premises on which the soccer matches occur on any person or property entering onto such promises

### PHOTOGRAPHY AND VIDEOTAPE

I further grant the Indemnities the right to photograph and/or videotape me or my Player or ward and further to display, use and /or otherwise exploit my or my said Player's ward's name, face, likeness, voice and appearance forever and throughout the world, in media, whether now known or hereafter devised, throughout the universe in perpetuity (including, without limitation, in online web casts, television, motion pictures, films, newspapers and magazines) and in all forms including, without limitation, digitized images, whether for advertising, publicity, or promotional purposes, including, without limitation, publication of Clinic results and standings, and distribution of my contact information, including my e-mail address, to third parties for promotional purposes, or for any other purposes whatsoever, without compensation , reservation or limitation. The Indemnities are under no obligation to exercise said rights herein granted.

### PLAYER MEDICAL AUTHORIZATION

Further: (i) I understand and agree that the Indemnities, collectively or individually, do not assume any financial responsibility for any medical services and/or treatment incurring by Player, or the undersigned for Player, or provided by any hospital, physician, or any other health care provider to Player.

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_