

# OLYMPIACOS SOCCER CLUB CHICAGO WAIVER & RELEASE FORM

## PLEASE READ BEFORE SIGNING

I \_\_\_\_\_ have read and been advised of the following:

Olympiacos Soccer Club Chicago does not provide insurance protection for participants. Registration assumes full responsibility on the part of the registrant who agrees the following:

1. As a participant or the parent/guardian of a participant in this soccer program, I recognize and acknowledge that there are certain risks of physical injury, and I AGREE to assume the full risk of any injuries, damages or loss which I or my ward may sustain as a result of participating in any and all activities connected with, or in any way associated with the activities of the program.
2. I do hereby fully waive, release and discharge Olympiacos Soccer Club Chicago, it's officers, directors, managers, trainers, coaches, agents, representatives, employees and program board members from any and all claims for injuries, damages or loss which I or my ward may sustain or which may accrue to me or my ward arising out of, connected with, or in any way associated with the activities of this soccer program.
3. I further agree to indemnify, hold harmless, and defend Olympiacos Soccer Club Chicago, it's officers, directors, managers, trainers, coaches, agents, representatives, employees and program board members from any and all claims for injuries, damages or loss sustained by me or my ward arising out of, connected with, or in any way associated with the activities of this soccer program.
4. In the event of any emergency, I authorize club officials to secure from any licensed hospital, physician and/or medical personnel any treatment deemed necessary for me or my ward's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

MEDIA RELEASE: I further give my permission for the free use of the participants email address, name, and image in broadcast, telecast, or any other media account of any and all event/activities and for the promotional purposes of Olympiacos Soccer Club Chicago including newsletter mailings.

I HAVE READ AND FULLY UNDERSTOOD THE ABOVE PROGRAM DETAILS, WAIVER AND RELEASE OF ALL CLAIMS AND PERMISSION TO SECURE TREATMENT.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

MUST BE SIGNED BY PARENT OR LEGAL GUARDIAN IF PARTICIPANT IS UNDER 19 YEARS OF AGE



**Olympiacos Soccer Club Chicago**  
8926 North Greenwood Avenue  
PMB#139  
Niles, Illinois 60714

Participant's Full Name: \_\_\_\_\_

Date-Of-Birth: \_\_\_\_\_

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

Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_