

Purdy Performance LLC
MEDICAL RELEASE AND IMAGE USE WAIVER FOR
PROGRAMS, TRAINING, EVENTS AND ACTIVITIES

Player's Name: _____ Date of Birth (MM/DD/YY) _____

Gender: () M () F Club: _____

Mother's Name: _____ Phone: _____ Email: _____

Father's Name: _____ Phone: _____ Email: _____

Emergency Contact: _____ Emergency Phone: _____

Doctor: _____ Doctor Phone: _____

Medical Conditions: _____

Allergies: _____

Important Medical and Liability Release- MUST BE SIGNED

Recognizing the possibility of injury or illness, and in consideration for Purdy Performance LLC, accepting my son/daughter as a player in the soccer programs, training, events and activities of Purdy Performance LLC (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify Purdy Performance LLC, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs, which transportation I authorize.

My son/daughter has received a physical examination by a physician and has found physically capable of participating in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

I agree that if it appears that my child may have sustained a concussion or head injury that he or she is to be removed from the competition until such time that a trained medical professional can examine them and approve their return to play soccer. In such case, I understand that I am to provide a written clearance for my player to return to play soccer.

By signing up, joining, and/or paying for Purdy Performance, LLC Sessions, classes, and/or camps, the adult or parent(s) of the youth participating agrees to the below participation and image use waiver, and policies outlined in this document.

Purdy Performance PARTICIPANT AND IMAGE USE WAIVER AGREEMENT

Definition: "Trainers" means Purdy Performance, LLC, Steve Purdy of Purdy Performance, Purdy Performance Indoor Turf & Training Facility; Synergy Sports Performance, Scotty Smith, Natalie Van Roy; Soccer Jam Skills Program, LLC, Soccer Jam Skills Program's founder Kelly Knauss; Tanya Miller TMI Photography LLC; soccer or public parks; and every location where Purdy Performance is performed; and all of the above owners, their trainers, staff, volunteers, officials, & affiliates, equipment, tools, and property.

1. I give consent to Purdy Performance, LLC, Soccer Jam Skills Program, LLC, Tanya Miller TMI Photography LLC and "Trainers" to take and use images (photographs or video) or sound recordings of me or my child in any public media, including but not limited to, DVD production, radio, television, internet or print. I understand that the intended use of such images is for advertising, marketing, or promotional purposes of Purdy Performance, LLC, Soccer Jam Skills Program, LLC, and "Trainers".
2. I acknowledge that this consent to use images and authorization for release of information is being made solely for the benefit of Purdy Performance, LLC, Soccer Jam Skills Program, LLC, Tanya Miller TMI Photography LLC and "Trainers" and without any expectation of compensation or other benefit to me or my child.

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3. I hereby release, discharge and hold harmless the producers of Purdy Performance, LLC, Soccer Jam Skills Program, LLC, Tanya Miller TMI Photography LLC and "Trainers" from any claims, damages or liability arising from the use of the images, recordings or materials.

4. Voluntarily and of my own free will, I or my child elects to participate in Purdy Performance and/or Soccer Jam Skills Program and/or Tanya Miller TMI Photography LLC Program. Furthermore, I or my child agree that I or my child am in good health and proper physical condition to participate in soccer footwork skills, dancing with the ball (Soccer Jam), running, and all activities related to soccer.

5. I understand that there are certain risks involved in participating in any sports activities at Purdy Performance, including Soccer Jam Skills Program that may result in injury and disability to me or my child or other players and I or my child voluntarily elect(s) to accept and assume all risks suffered by me/child (a) while practicing, performing, or serving in a non-playing capacity in any part of a Soccer Jam Session or recording session, and (b) while on the premises of any locations for Purdy Performance, LLC, Soccer Jam Skills Program, LLC and "Trainers", or any other public or private location.

6. I hereby authorize, Purdy Performance, Soccer Jam Skills Program Tanya Miller TMI Photography LLC and "Trainers" to obtain medical treatment for this participant in the event that a parent or guardian cannot be reached.

7. I hereby release, discharge and agree not to sue, Purdy Performance, LLC, Soccer Jam Skills Program, LLC Tanya Miller TMI Photography LLC and "Trainers", or their owners, officers, associations, employees, or any person or entity connected with, Purdy Performance, LLC, Soccer Jam Skills Program, LLC Tanya Miller TMI Photography LLC and "Trainers" for any claim, damages, costs or cause of action which I have or may in the future have as a result of injuries sustained by me for performing Purdy Performance, Soccer Jam's moves and/or coming into contact with other participants, equipment, and creative floor barriers (mainly for indoor use). This is binding on me, my heirs, executors, administrators, and assigns.

I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND EACH ONE OF THE PROVISIONS IN THIS WAIVER, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

Thank you for your compliance and understanding!

Steve Purdy
Purdy Performance, LLC
807 Parkview Rd
Green Bay, WI 54304
info@PurdyPerformance.com
510-356-8430

Signature: _____ Date: _____

Addendum only for those players having sustained a possible concussion or head injury:

On (date) _____ my player sustained a possible concussion or head injury. He/she has been examined by a trained medical professional and has been cleared to participate in soccer activities as of today.

Signature of Medical Professional: _____ Date: _____