



The Villages Soccer Club  
Player Evaluation Release Form

Name:

Date of birth:

Email:

Phone number:

Coach and/or team:

**Photograph and Video Consent**

I hereby grant The Villages Soccer Club, permission to use my child's likeness in photographs, videos in which he or she may be included in whole or in part, composite or retouched in character or form. I also understand that the photographs and videos may be used without any further consent or authorization from me. I also waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

**Medical Authorization and Liability Waiver**

I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify The Villages SC, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in The Villages SC programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I hereby authorize emergency transportation of the participant to a medical treatment facility should an individual listed above consider it to be warranted.

Name of parent/guardian:

Signature:

Date: