**BRING A FRIEND WAIVER**

Participant’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_Grade: \_\_\_\_\_\_\_

I, the parent or guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a minor, agree that we will abide by the rules and policies of The United States Soccer Federation (hereinafter “USSF”), United States Youth Soccer (hereinafter “USYS”), CT Jr. Soccer (hereinafter CJSA), The Northwest District (hereinafter “NWD”), The Soccer Club of New Milford (hereinafter “SCNM”), as well as their affiliated organizations and sponsors for the purpose of SCNM’s **Bring A Friend Day**. Recognizing the possibility of injury associated with soccer, and in consideration for USYS, NWD and the club accepting the forenamed participant in their event, I hereby release, discharge, indemnify, and/or otherwise hold harmless, USYS, CJSA, NWD, SCNM, their associated personnel, sponsors and employees, including, but not limited to coaches, assistants, directors, property and facility owners, against any claim, by or on behalf of, the participant as a result of my child’s participation associated with the **Bring a Friend Day** event. Photo release-I hereby grant the SCNM permission to use this participant’s likeness in a photograph on the soccer club’s web site, www.newmilfordsoccer.com and on social media without payment or any other consideration.

**In case of emergency, I hereby authorize treatment and care by any hospital, doctor, or emergency or ambulance association.**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_