

BOISE TIMBERS|THORNS - MEDICAL RELEASE FORM

Player Information:

Name: _____ Home Phone: _____
Address: _____ City/Zip: _____

Parent/Guardian 1 Information:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Home Address: _____ City/Zip: _____

Parent/Guardian 2 Information:

Name: _____ Relationship: _____
Home Phone: _____ Work Phone: _____
Home Address: _____ City/Zip: _____

Emergency Information:

Person to Notify In Case of Emergency: _____
Home Phone: _____ Work Phone: _____
Doctor to Notify in Emergency: _____ Phone: _____
Hospital Preference, if any: _____ City: _____

List Any Medical Problems or Conditions Player Has (include allergies and medications currently taking):

Family Insurance Carrier Information:

Insurance Company: _____ Child's Birth Date: _____
Address: _____ City/State/Zip: _____
Subscriber Name: _____ Do You Have a Dental Program? _____
Subscriber Number: _____ Group Number: _____
Subscriber Address: _____ City/Zip: _____
Subscriber Prescription Drug Number: _____

LIABILITY WAIVER -- I, as parent or legal guardian of the above-named Participant/Player, hereby accept and assume all risk and responsibility for any accidents, illness, injury, and/or other damages which may result from the Participant/Player participating in any of the events, activities and/or programs associated in any way with BTT. This shall include without limitation transportation of my child related to participation in tournaments, games, practices, meals and other team activities associated with BTT. I further hereby waive, release and discharge BTT, its officers, directors, employees, agents, volunteers or anyone associated with BTT from any and all liability associated therewith.

MEDICAL CONSENT -- As the parent/legal guardian of the above-named Participant/Player, I hereby give consent that in my absence the above-named Participant/Player be admitted to any hospital or medical facility for diagnosis and/or treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed nurses or technicians, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given guarantee as to the results of examination or treatment. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

I have read the above paragraphs including the Liability Waiver and Medical Consent and fully understand the terms contained herein. I understand that I am agreeing to assume certain responsibilities and commitments to release BTT from certain possible future liabilities. I sign this voluntarily and with full knowledge of the significance of its effect.

Signed: _____

Date: _____



BOISE TIMBERS THORNS

COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

Boise Timbers Thorns Soccer Club, Inc. (hereinafter “BTT”) recognizes that the outbreak in early 2020 of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) virus, the virus responsible for the Coronavirus Disease commonly known as “COVID-19,” has indefinitely altered the manner in which the public will approach certain activities and interactions moving forward. BTT is committed to maintaining the health and safety of each player, coach, referee, and family involved in the great game of soccer, while simultaneously providing the best soccer training experience in Idaho. Although BTT will make every effort to protect the health and safety of all involved, there are still a great many unknowns surrounding COVID-19 and it is likely impossible to fully insulate against all future infections. The undersigned, individually and/or as the parent or legal guardian of the individual(s) participating in BTT’s programming (collectively, “Participants”) hereby expresses a willingness and intention to participate in BTT’s programming, and in consideration for being permitted to participate in said programming, further understands and agrees to the following:

- Participants understand and agree that it may be impossible to protect against and/or otherwise prevent the transmission of SARS-CoV-2, despite BTT’s best efforts. Participants are aware that there are inherent risks of direct and/or indirect exposure arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to the SARS-CoV-2 virus.
- Participants understand and agree that participation in BTT’s programming is voluntary, and that BTT cannot guarantee against any infection or outbreak of SARS-CoV-2 or any other communicable disease or illness. Participants agree to participate in BTT’s programming at their own risk.
- Participants understand and agree that transparency is fundamental for the protection of all other participants, coaches, staff, referees, competitors, and families. Participants agree to keep BTT informed of any infection or possible exposure that each Participant has or may have had to SARS-CoV-2 or other communicable diseases. Participants further agree that, in the event of such exposure or infection, BTT staff has the ultimate and sole discretion to allow Participants to participate in BTT’s programming.
- In the event of a future community outbreak of SARS-CoV-2, and in consideration of all budgetary, organizational, and developmental needs, Participants understand and agree that BTT does not and cannot guarantee or warrant that Participants will be permitted to participate in BTT’s programming, in whole or in part, and that BTT cannot and does not guarantee any refunds, credits, or other monetary consideration to Participants in the event of such an outbreak.

Participants, individually and on behalf of their minor child(ren), heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS BTT**, its officers, affiliates, officials, agents, independent contractors and/or employees, other participants, coaches, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the BTT programming (including all playing fields and/or practice facilities), from and against any and all claims, demands, losses, and liability arising out of or related to any damage, illness, injury, disability or death Participant(s) may suffer, whether arising from the negligence of BTT or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND AND AGREE TO ITS TERMS, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant/Parent Signature

Date

Emergency Telephone Number