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# GENERAL RELEASE AND WAIVER OF LIABILITY - D.C. UNITED SOCCER ACADEMY

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In connection with Participant's involvement in D.C. United Soccer Academy, Participant, or if Participant is under 18, the Participant's parent or legal guardian, hereby certifies, warrants, represents, agrees and covenants to MacFarlane-Chang D.C. Soccer, LLC dba "D.C. United," Major League Soccer, L.L.C. and any of the respective Event sponsors or promoters (individually and collectively, together with their respective affiliates, officers, employees, partners, shareholders, members, sponsors, contractors, agents, successors and assigns, the "Organizers") that the Participant is:

(1) FREE OF ANY MENTAL OR PHYSICAL CONDITION, AILMENT OR INJURY (MEDICAL OR OTHERWISE) WHICH WOULD, IN AND OF ITSELF OR IN CONJUNCTION WITH ANY OTHER CIRCUMSTANCE, (i) IMPAIR, PREVENT OR PROHIBIT PARTICIPANT FROM ENGAGING IN SUCH EVENT ACTIVITIES OR (ii) BE AFFECTED, AGGRAVATED OR WORSEN IN ANY WAY AS A RESULT, DIRECTLY OR INDIRECTLY, BY PARTICIPANT'S INVOLVEMENT IN SUCH EVENT; and

(2) OF SOUND MIND AND BODY AND NOT UNDER THE INFLUENCE OF ALCOHOL OR ANY ILLICIT OR PRESCRIPTION DRUG OR MEDICATION WHICH MAY IN ANY WAY IMPAIR PARTICIPANT'S ABILITY TO ENTER INTO THIS AGREEMENT, FULLY UNDERSTAND THE RESPECTIVE INTENT AND MEANING OF ALL OF THE TERMS AND PROVISIONS HEREOF AND TO PARTICIPATE IN THE EVENT;

PARTICIPANT EXPRESSLY AND UNCONDITIONALLY ASSUMES ALL RISKS AND DANGERS KNOWN OR UNKNOWN, FORESEEN OR UNFORESEEN, AND RELATING OR INCIDENTAL TO PARTICIPANT'S INVOLVEMENT IN THE EVENT AND ANY ACTIVITY ASSOCIATED THEREWITH. PARTICIPANT HEREBY RELEASES, FOREVER DISCHARGES AND HOLDS HARMLESS THE ORGANIZERS FROM AND AGAINST ANY AND ALL CLAIMS, DAMAGES, LIABILITIES, COSTS AND EXPENSES ARISING OUT OF OR RELATING TO PARTICIPANT'S INVOLVEMENT IN THE EVENT AND ALL ACTIVITIES ASSOCIATED THEREWITH.

I hereby give my consent to have MacFarlane-Chang D.C. Soccer, LLC dba "D.C. United," its athletic trainer(s) and/or a doctor of medicine or dentistry render to my child any and all aid, medical assistance and/or treatment deemed reasonably necessary to the health and well-being of my child. I agree to be financially responsible for the costs of such aid, assistance and/or treatment. I understand that the D.C. United Academy does not provide any medical insurance for each participant/camper and that I, as the parent and/or legal guardian, am responsible for any medical or health insurance and/or medically-related costs associated with any medical and/or surgical treatment rendered to my child.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Academy Location and Dates attending: \_\_\_\_\_

Person to contact (other than parents/guardian) in case of emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child suffer from asthma? \_\_\_\_\_

Does your child wear contact lenses? \_\_\_\_\_

List any medical conditions/allergies of the child: \_\_\_\_\_

List any recent injuries that have occurred in the last 6 months: \_\_\_\_\_

List any medication the child takes on a regular basis: \_\_\_\_\_

\*\*Please photocopy your insurance card here:

