

Appendix 21



Informed Consent

**Regina Soccer Association
Informed Consent Form**

PLAYERS NAME (Please Print) _____

For myself, or my child, and on behalf of my heirs, assigns and next of kin, I acknowledge that participation in soccer necessarily involves travel, participation on adverse field conditions, contact with considerable force, and risk of severe, permanent physical injury including, but not limited to, bruises, scrapes, strained, sprained, or torn muscles, tendons or ligaments, broken bones, dislocation of joints, concussion, brain damage, nerve and spinal cord injury, paralysis and potentially death.

For myself, or my child, and on behalf of my heirs, assigns, and next of kin, I hereby willingly and voluntarily accept and assume all such risks of participation. I further acknowledge that the Regina Soccer Association (RSA) is primarily administered by volunteers rather than paid professionals. In consideration of accepting the registration and permitting the voluntary participation of the above named participant in the programs, for myself or my child, and on behalf of heirs, assigns, and next of kin, I hereby release, discharge and agree to hold harmless the RSA, it's employees, volunteers, officials, directors, clubs, teams zones, coaches, managers, players, referees, sponsors and other representatives and any and all owners, lessors, lessees or other persons or entities allowing, permitting or authorizing the use of facilities by RSA and the agents, employees, officers and directors of said person or entities from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any injury or other damage that may result to said participant or to members of my family or my household or individuals I invite or for whom I am otherwise responsible while participating in or present at any RSA sponsored event, including any physical or other injury caused by the negligence of any person or entity described above.

I hereby consent to the collection, use and disclosure of my personal images, athletic results, awards and prizes received, which may be published in a RSA publications or web sites. For any player registered in the adult leagues, the above may also include posting of suspensions or disciplinary actions received by the player. I understand that my personal information indicated in this paragraph can be viewed by anyone who accesses the RSA publications or web site.

This consent will be valid for the length of time the RSA considers necessary to achieve its' goals and objectives. I further understand that this consent may be withdrawn by me at any time, upon written notice. I understand that withdrawal of my consent may result in the RSA refusing to permit me or the minor aged player to register and participate in its' activities.

A copy of this consent shall be considered as effective as the original

I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND I UNDERSTAND IT.

Signature of Adult Player or Parent of Minor Aged Player

Date(MMMM,DD,YYYY)

Team Signatures for the RSA Informed Consent Form

By signing the document on this side of the letter, we acknowledge that we have read the reverse side of this document and understand it.

Name of Team: _____

Division for team: _____ Youth Adult (circle one)

Season: _____

Print Name

Signature

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