

**34<sup>th</sup> ANNUAL SHOWCASE & COLLEGE BOUND ID CLINIC  
PLAYER LIABILITY MEDICAL AND HOLD HARMLESS INDEMNITY AGREEMENT**

By my signature(s) below, I certify and confirm that I am the parent or legal guardian of \_\_\_\_\_, a player ("Player") who's player Identification Number is \_\_\_\_\_ as shown on the player ID card issued by the local/state/regional/national soccer association desires to participate in The Sport Source Showcase & Clinic, December 6<sup>th</sup> -8<sup>th</sup>, 2024, the youth soccer showcase and clinic ("The Sport Source Showcase & Clinic") of The Sport Source, Inc., a Texas corporation, located in Richardson, Texas USA. I also desire that Player be allowed to participate in the clinic and/or soccer matches in and, as a parent or legal guardian, and individually, I acknowledge that Player's participation, involves a risk of injury to Player and, despite such risk, I expressly assume that risk of injury to Player, a minor child, and to induce The Sport Source, Inc to permit Player to participate. I enter into this Agreement, and I agree and confirm the following: (1) Player is physically fit and able to participate in all respects; he/she has been released for participation by a registered/licensed physician/medical personal and (2) I hereby release, and agree to fully indemnify The Sport Source, Inc., North Texas Soccer Association, Lake Highlands Soccer Association, Hunt Sports Group, LLC /FC Dallas, City of Carrollton Parks and, The University of Texas Dallas, Medical Trainers/Staff and their affiliates, and respective members, directors, officers, employees, volunteers, vendors, insurers, attorneys, and agents ("Indemnitees") and hold harmless all aforementioned from any and all claims, demands, actions, causes of action, losses, damages, or liability (including, without limitation, all expense of litigation, court costs, and attorneys' fees) for any injury to or death of Player or to any other person whatsoever.

The player is registered with their local soccer association and has provided the local soccer association, youth sports organization and/or club a notarized medical release signed by a physician and/or licenses medical professional indicating he/she is cleared to participate in sports, and medical/accident insurance is provided as part of their player registration. Without limiting the scope of the foregoing, this Release and Hold Harmless Indemnity Agreement specifically includes any and all claims in any way arising out of or related to Player's participation in the Showcase and/or Clinic, including, without limitation, any participation in a soccer match or the clinic during the event, and any claims for medical expenses, pain and suffering, physical disfigurement, mental anguish, emotional distress, loss of consortium, or for lost wages, or any injury to any property received or sustained by any person or property, EVEN IF SUCH CLAIM IS BASED ON A CLAIMED NEGLIGENT ACT OF ANY OF THE INDEMNITEES. Further, the undersigned agrees that The Sport Source, Inc. has no right of control or influence on the safety or security of the premises on which the soccer matches or clinic occur or any person or property entering onto such premises.

**PLAYER MEDICAL AUTHORIZATION** Further: (i) I understand and agree that the Indemnitees, collectively or individually, do not assume any financial responsibility for any medical services and/or treatment incurred by Player, or the undersigned for Player, or provided by any hospital, physician, or any other health care provider to Player. (ii) I hereby certify that Player is covered for illness and/or injury (including without limitation illness and/or injury occurring in the USA) by medical insurance provided by: NAME OF INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_ ADDRESS OF INSURANCE COMPANY \_\_\_\_\_ CITY STATE OR COUNTRY ZIP/POSTAL CODE \_\_\_\_\_ (iii) if I did not complete (ii) above, I hereby certify that Player is not covered by medical insurance nor by medical insurance that provides coverage for illness and/or injury occurring in the USA, and I agree that I am fully responsible in all respects, including, without limitations, any financial obligations, for any medical services/treatment rendered for illness/injury suffered by Player before, during, or after the Showcase and/or Clinic, and I agree that payment or arrangement for payment for said medical services/treatment will be made to/with the provider at the time service is rendered to Player. Also, by my signature below, I hereby give my consent and permission for the Player to be medically and/or surgically treated for injuries and/or illness of any kind or seriousness and I am fully responsible for all medical related matters. Further, I give my consent and permission to the physician and/or hospital and/or other health care providers selected to provide medical or surgical treatment, including, without limitation, dental care, hospitalization, injection, anesthesia, invasive surgery or any other form or kind of medical or surgical care (emergency or otherwise) for the Player. LIST ALL ALLERGIES OR MEDICAL CONDITIONS ATTENDING EMERGENCY PERSONNAL SHOULD BE AWARE OF: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ RELATIOINSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ALTERNATE CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

I AM SIGNING THIS AGREEMENT/AUTHORIZATION IN MY INDIVIDUAL CAPACITY AND ON BEHALF OF PLAYER (A MINOR CHILD) NAMED ABOVE, OF WHOM I AM PARENT OR LEGAL GUARDIAN. (If this document is signed by two persons, each agrees that they are jointly and severally responsible for the obligations stated herein.)

Print Full Name Signature of Parent/Guardian (circle one) Date of Signature \_\_\_\_\_  
Residence Address City, County, State and Country \_\_\_\_\_

Print Full Name Signature of Parent/Guardian (circle one) Date of Signature \_\_\_\_\_  
Residence Address City, County, State and Country \_\_\_\_\_

Team Name and Age Group/Gender \_\_\_\_\_ Coach First & Last Name: \_\_\_\_\_

**DISTRIBUTION: ORIGINAL - TEAM REPRESENTATIVE COPY – ALL ROSTERED PLAYERS AND/OR GUEST PLAYERS OF ANY TEAM PARTICIPATING MUST UTILIZE THIS PLAYER LIABILITY MEDICAL AND HOLD HARMLESS INDEMNITY AGREEMENT THIS DOCUMENT MUST BE MADE AVAILABLE AT TH E FIELDS AND FURNISHED UPON REQUEST BY THE SHOWCASE STAFF, MEDICAL PERSONAL, ATHLTIC TRAINER, PHYSICIAN OR PARAMEDIC. IF BEING TREATED BY THE ATHLETIC TRAINER/MEDICAL STAFF. THE GUARDIAN/PARENT/COACH OR MANAGER MUST SIGNED THIS DOCUMENT GRANTING PERMISSION FOR PLAYER TO BE TREATED AT THE FIELDS IF LEGAL PARENT/GUARDIAN IS NOT WITH THE PLAYER DURING THE EVENT.**