LOWER MERION SOCCER CLUB

Box 360 Bryn Mawr, PA 19010

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AUTHORIZATION / RELEASE FORM

On behalf of myself, being of legal age, and of my child or ward _____ ("Player"), and on behalf of our respective heirs and personal representatives, I hereby agree as follows, intending to be legally bound hereby: In consideration for the permission of the LOWER MERION SOCCER CLUB and the affiliates of either or both of them and all their respective employees, officers, directors, agents, coaches, officials and volunteers ("Releasees") allowing Player to participate in their activities,

(1) I hereby release, waive and forever discharge Releasees from and against any and all liabilities, claims, demands, actions, causes of action, damages, costs or expenses for personal injury, including but not limited to bodily injury and/or death and/or property damage which I or Player may sustain and which are or may be caused by the act of or omission of Player, his fellow player(s) and/or any of the Releasees, except where the Releasees' act or omission constitutes gross negligence or willful misconduct.

(2) I agree to indemnify the Releasees from any personal injury or property damage caused by the negligent or intentional act of Player while participating in any of Releasees' activities.

(3) Further, I hereby grant unto Releasee(s) my power of attorney to act as if here were I, in my place and stead, in the case where medical attention must be administered to Player, thereby allowing Releasee(s) to cause medical attention, including but not limited to treatment for accident or sickness, to be immediately given, whether by Releasee(s), paramedical personnel or physicians, until such time as I can be made completely aware of and can act upon the circumstances causing the need for medical attention. As part and parcel of this grant, I hereby release Releasees as set forth in Paragraph (1) hereof and agree to indemnify and hold Releasees harmless from any and all costs for the above referenced medical treatment.

_____ __ __ __ __ 2010

Parents Signature M M D D

Sworn to and subscribed before me on , 2010 .

_____

Notary Public

Parents Names And Address(es):

Phone Numbers (home and work):

Medical Insurance Company and Policy Number:

Special Medical Facts: