



Medical Release Waiver

Recognizing the possibility of physical injury associated with soccer and in consideration for US Youth Soccer/USSF/SC Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify SC United FC - Mount Pleasant/US Youth Soccer/USSF/SC Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs. Therefore, I grant SC United FC - Mount Pleasant staff, to include but not limited to the team coach and/or manager permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.