

**PARTICIPANT AGREEMENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY,
MEDICAL AUTHORIZATION & MEDIA CONSENT**

Please read every page carefully. This agreement applies to Balboa Soccer Group, Inc. practices, training sessions, clinics, games, tournaments, community events, and related activities (collectively, the Activities). Complete all applicable fields.

1. PARTICIPANT AND ACTIVITY INFORMATION

Participant full legal name: _____

Date of birth: _____ Age: _____ Adult / Minor: _____

Program / event: _____ Season / date: _____

Primary address: _____

City: _____ State: _____ ZIP: _____

Primary phone: _____ Email: _____

Parent / guardian full legal name (minor only): _____

Relationship: _____ Parent / guardian phone: _____

2. EMERGENCY CONTACT AND MEDICAL INFORMATION

Emergency contact: _____ Relationship: _____ Phone: _____

Medical conditions, allergies, medications, injuries, or limitations (enter 'None' if none): _____

Other emergency instructions: _____

☐ I certify that the medical information above is accurate to the best of my knowledge and I will promptly notify BSG of material changes.

BSG should limit access to this information to personnel who need it for participant safety, program administration, or emergency response.

IMPORTANT: Sections 4 through 6 affect legal rights. Read them carefully before signing.

3. PERMISSION TO PARTICIPATE AND HEALTH CERTIFICATION

I authorize the participant identified on page 1 to take part in the Activities. I certify, to the best of my knowledge, that the participant is physically able to participate safely. I have disclosed known medical conditions, allergies, medications, injuries, and limitations that may affect participation. I understand that BSG does not make medical determinations and that I should obtain medical advice when appropriate.

☐ I give permission to participate and accept responsibility for determining medical fitness.

4. ASSUMPTION OF RISK

I understand that soccer and related athletic, recreational, volunteer, and event activities involve inherent and other risks. These include, without limitation: running, jumping, falls, slips, collisions, physical contact, contact with balls, goals, equipment, participants, coaches, officials, spectators, vehicles, or fixed objects; uneven or defective playing surfaces; weather, heat, cold, sun exposure, dehydration, overexertion, and communicable illness; equipment failure; travel separately authorized; and the acts or omissions of other participants or third parties.

These risks may cause property damage, emotional distress, illness, sprains, strains, fractures, concussion or other head injury, cardiac events, permanent disability, paralysis, or death. I knowingly and voluntarily accept all inherent and reasonably foreseeable risks of participation, whether known or unknown, on behalf of myself and, if applicable, the minor participant.

☐ I understand and voluntarily assume the risks described above.

5. RELEASE, WAIVER, AND COVENANT NOT TO SUE

TO THE FULLEST EXTENT PERMITTED BY CALIFORNIA LAW, I RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Balboa Soccer Group, Inc.; its directors, officers, employees, coaches, referees, volunteers, agents, and authorized representatives; and participating event organizers, sponsors, partners, and facility owners or operators (collectively, the Released Parties) for claims, demands, damages, losses, or causes of action arising from or related to participation in the Activities, INCLUDING CLAIMS CAUSED BY THE ORDINARY NEGLIGENCE OF A RELEASED PARTY.

This release includes claims for personal injury, illness, property damage, or death. It does not release gross negligence, reckless or intentional misconduct, fraud, violations of law, or any right or claim that cannot legally be waived.

Adult participant or parent/guardian initial: _____

6. LIMITED INDEMNIFICATION

To the fullest extent permitted by law, I agree to indemnify and hold the Released Parties harmless from third-party claims, losses, or reasonable expenses caused by the participant's intentional or negligent conduct, violation of communicated safety rules, or my material breach of this agreement. This provision does not require indemnification for a Released Party's gross negligence, reckless or intentional misconduct, fraud, or violation of law.

☐ I understand and agree to the limited indemnification described above.

7. EMERGENCY MEDICAL AUTHORIZATION

If an emergency occurs and I cannot be reached promptly, I authorize BSG representatives to contact 911, provide reasonable first aid within the limits of their training, and obtain or arrange reasonably necessary emergency transportation, evaluation, or treatment for the participant. BSG will make reasonable efforts to contact the adult participant or the minor's parent/guardian and the listed emergency contact as soon as practical. No person is required to provide care beyond their training or legal authority.

I accept responsibility for resulting medical and transportation expenses not paid by insurance. I understand that BSG does not promise or guarantee participant-accident or medical insurance unless BSG confirms coverage in writing.

☐ I authorize emergency action and treatment as described above.

8. INJURY REPORTING, REMOVAL, AND RETURN TO PLAY

The participant must immediately report injury, pain, dizziness, headache, confusion, fainting, shortness of breath, chest pain, or other concerning symptoms and stop participating when directed. An athlete suspected of a concussion or other head injury, or who faints or shows a suspected cardiac condition, must be removed from activity for the remainder of the day and may not return until evaluated and cleared in writing by an appropriately licensed healthcare provider. If a concussion is diagnosed, the athlete must complete a graduated return-to-play protocol of at least seven days under appropriate medical supervision, consistent with California law.

☐ I understand the injury-removal and written-clearance requirements.

9. ANNUAL YOUTH SPORTS SAFETY ACKNOWLEDGMENT

For youth participants, page 5 contains BSG's annual concussion/head-injury and sudden-cardiac-arrest information. The athlete and parent/guardian must review and sign that page before practice or competition as required by California Health and Safety Code section 124235. For athletes age six or younger, only the parent/guardian signature is required.

☐ I received and reviewed the concussion and head-injury information on page 5.

☐ I received and reviewed the sudden-cardiac-arrest information on page 5.

10. PHOTO, VIDEO, AND MEDIA CHOICE

Choose one. Declining media permission will not affect eligibility to participate.

☐ YES - I grant media permission. ☐ NO - I do not grant media permission.

If YES is selected, I grant BSG and its authorized photographers a non-exclusive, royalty-free permission to photograph, record, or film the participant and to use the participant's name, image, likeness, or voice for BSG program, educational, community-outreach, fundraising, promotional, website, print, and social-media purposes without compensation. BSG will not intentionally publish home addresses, medical information, or private contact information. Permission may be revoked prospectively by written notice to registration@bsgsd.org, but revocation cannot require recall of materials already printed, published, or distributed.

11. TRANSPORTATION AND CONDUCT

Unless BSG expressly agrees otherwise in writing, the participant or parent/guardian is responsible for transportation to and from Activities. BSG-arranged transportation may require a separate written permission form. The participant agrees to follow communicated safety and facility rules, use appropriate equipment, act respectfully and sportsmanlike, and comply with reasonable instructions. Unsafe or seriously disruptive conduct may result in removal, suspension, or program dismissal.

12. GENERAL TERMS

This agreement is governed by California law. If any provision is found invalid or unenforceable, the remaining provisions will remain effective to the fullest extent permitted by law. This agreement is the complete participant waiver and consent for the covered Activities unless BSG provides an additional event-, league-, facility-, travel-, or insurer-required form. A waiver or consent may be changed only in a writing accepted by BSG. Headings are for convenience and do not limit the terms.

13. ACKNOWLEDGMENT

By signing, I certify that I have legal authority to sign for myself or the minor participant. I confirm that I have read this five-page agreement, understand it, had the opportunity to ask questions, and sign voluntarily. I understand that I am accepting risks and giving up certain legal rights, including certain claims based on ordinary negligence. I will keep a copy for my records.

☐ I have read and agree to all applicable terms on pages 1 through 5.

☐ If completing electronically, I consent to electronic records and agree that typing my full legal name in a signature field and submitting this form constitutes my electronic signature.

ADULT PARTICIPANT - COMPLETE IF AGE 18 OR OLDER

Printed full legal name: _____

Signature: _____ Date: _____

PARENT / LEGAL GUARDIAN - COMPLETE FOR A MINOR

Printed full legal name: _____

Relationship to participant: _____

Signature: _____ Date: _____

I certify that I am the participant's parent or legal guardian, or otherwise have legal authority to sign this agreement and authorize participation.

YOUTH PARTICIPANT - SAFETY ACKNOWLEDGMENT (AGE 7-17)

Printed full legal name: _____

Signature: _____ Date: _____

I reviewed the safety information on page 5, will report symptoms immediately, and will follow injury-removal and return-to-play instructions.

14. BSG ADMINISTRATIVE USE

Received by: _____ Date received: _____ Program roster ID: _____

Notes: _____

CALIFORNIA YOUTH SPORTS SAFETY INFORMATION - REVIEW ANNUALLY

This page summarizes required concussion/head-injury and sudden-cardiac-arrest information. It does not replace medical advice. When symptoms are present or an emergency is suspected, stop participation and obtain appropriate medical help.

A. CONCUSSION AND HEAD INJURY

A concussion is a brain injury caused by a blow or jolt to the head or body. Loss of consciousness is not required. Continuing to play can worsen the injury. Consequences can include prolonged symptoms, problems with learning or behavior, permanent disability, and in rare cases death.

Signs observed by others may include:

- Appears dazed, stunned, confused, or forgetful; answers questions slowly.
- Moves clumsily; has balance problems; shows behavior, mood, or personality changes.
- Cannot recall events before or after the hit; loses consciousness, even briefly.

Symptoms reported by the athlete may include:

- Headache or pressure in the head; nausea or vomiting; dizziness or balance problems.
- Double or blurry vision; sensitivity to light or noise; feeling sluggish, foggy, or groggy.
- Confusion, concentration or memory problems, or simply not feeling right.

What to do: Remove the athlete immediately for the rest of the day. Notify the parent/guardian when required. Seek emergency care for worsening headache, repeated vomiting, seizure, increasing confusion, unusual behavior, weakness or numbness, slurred speech, unequal pupils, inability to wake, or loss of consciousness. The athlete may return only after evaluation and written clearance from an appropriately licensed healthcare provider. If concussion is diagnosed, complete a medically supervised graduated return-to-play protocol of at least seven days. Follow medical guidance for return to school, learning, exercise, and competition.

B. SUDDEN CARDIAC ARREST

Sudden cardiac arrest occurs when the heart unexpectedly stops beating effectively. It can cause death within minutes. Cardiac conditions may be known or previously undetected.

- Warning signs include fainting or nearly fainting during or after exercise, chest pain or discomfort, unusual shortness of breath, racing or irregular heartbeat, unexplained seizure, or unusual fatigue.
- Important risk information includes a known heart condition or a family history of unexpected sudden death, unexplained drowning, or sudden cardiac arrest before age 50.

What to do: Remove an athlete who faints or has a suspected cardiac condition and do not allow return until evaluated and cleared in writing by an appropriately licensed healthcare provider. If the athlete collapses, is unresponsive, or is not breathing normally: call 911, begin hands-only CPR, and use an automated external defibrillator (AED) as soon as one is available. Continue until emergency responders take over or the person recovers.

C. ANNUAL RECEIPT AND REVIEW

- ☐ Athlete: I received, read, and understand this annual safety information and will promptly report symptoms. (Athlete signature required for age 7 or older.)
- ☐ Parent/guardian: I received, read, and understand this annual safety information. (Parent/guardian signature required for athletes age 17 or younger.)

Athlete printed name: _____

Athlete signature: _____

Date: _____

Parent/guardian signature: _____

Date: _____