



# Medical and Liability Release Form



I, the undersigned, being parent and/or legal guardian of the child listed below, understand the risks involved and hereby consent for my child to participate in any and all activities associated with the Tournament, or use any and all facilities designated for use by CLUB, including those of the Park District, City and Soccer Complex. I hereby release, indemnify and hold harmless the tournament Committee, sponsors, city, any Park District, Field Owner and/or Operator hosting games for the tournament, and any of the aforementioned organizations' Commissioners, Agents, Corporate Sponsors, Employees, Volunteers, and Assignees from any and all liability, claims, actions, demands, and judgments arising out of any injury or loss sustained by the below referenced child or myself or family in connection with the tournament and activities at any participating facility. Further, I realize that it is my responsibility to understand and comply with the Rules of the Tournament. The complete Rules are available for review in the Tournament Program, and at <http://www.go-o-o-oalrillaclassic.com/>

I understand that individual and/or group action, life and/or champion photos of my son/daughter/myself may be taken. I am giving consent to the tournament and their photographers to take such photographs. I understand that my team, the players or the parents/guardians of the players have no recourse to compensation or discretion regarding the use of the photos for purposes of promoting the tournament.

Further I give my permission for medical attention to be administered to my child in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also give permission for a duly Licensed Doctor of Medicine or Doctor of Dentistry to provide the care needed to preserve the life, limb or well-being of my dependent. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

In case I cannot be reached, any of the following persons is designated to act on my behalf.

- COACH: \_\_\_\_\_
- ASST.COACH: \_\_\_\_\_
- MANAGER: \_\_\_\_\_
- Other Individual Traveling with the Team: \_\_\_\_\_

Parent or Guardian's Name (Please Print) \_\_\_\_\_

Child's Name (Please Print) \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\* \* \* \* \*

**YOU MAY USE YOUR OWN MEDICAL RELEASE FORMS AS LONG AS THEY ARE CURRENT FOR THE 2007 SOCCER SEASON. THIS FORM IS PROVIDED AS A COURTESY FOR THOSE TEAMS WHO MAY NEED IT. THE FORM DOES NOT NEED TO BE NOTARIZED**

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