

Terrace Brier Soccer Club – Medical Release Form

~*~to be kept with coach's files; not to be submitted to the club~*~

MEDICAL RELEASE, AUTHORIZATION TO OBTAIN TREATMENT, LIABILITY WAIVER AND HOLD HARMLESS AGREEMENT

This is to certify that I, as the parent or guardian of the listed player, hereby grant permission to the adult manager, coach, or other league official to obtain medical care, at my expense, from any licensed physician, hospital or medical clinic, for the player named herein at such time as either parent or legal guardian cannot be contacted. This authorization shall include all club activities, including the period required to travel to and from those activities. We do hereby waive, release, absolve, indemnify and agree to hold harmless, Terrace Brier Soccer Club, the organizers, supervisors, participants and persons transporting the player to and from those activities, for any and all claims arising out of an injury to the player.

I understand and agree that the player assumes all risk of injury associated with the participation in youth athletic competition and its related activities. I acknowledge, understand and agree that Terrace Brier Soccer Club, nor its officers, agents, employees, players or volunteer workers are liable in any way for any occurrence in connection with league activities that may result in injury, death or other damages to the player, me or my family, estate, heirs or assigns. It is the intention of the undersigned to exempt and release Terrace Brier Soccer club, the organizers, supervisors, participants and persons transporting the player to and from these activities from any and all liability from personal injury, property damage or death caused by negligence or other fault of any person hereby held harmless.

PARTICIPANT INFORMATION

First Name: _____ Last Name: _____
Address: _____ State: _____ City: _____ Zip: _____
Email: _____ Gender: _____
Phone: _____

Doctor's Name: _____
Doctor's Phone: _____
Emergency Contact: _____
Emergency Contact Phone: _____
Allergies or Special Needs: _____

PARENT/GUARDIAN INFORMATION

PG 1 First Name: _____ PG 1 Last Name: _____
PG 1 Ph: _____ PG 1 Work Ph: _____ PG 1 Cell Ph: _____
PG 2 First Name: _____ PG 2 Last Name: _____
PG 2 Ph: _____ PG 2 Work Ph: _____ PG 2 Cell Ph: _____

Please sign and bring with you to the first practice. Thank you!

Signature _____

Date Signed _____