

FALMOUTH FALL CLASSIC - LIABILITY AND MEDICAL RELEASE

I desire for my child to participate in the 2019 Falmouth Fall Classic Tournament (the "Tournament"). In consideration of my child being permitted to participate in the Tournament I agree to all the terms below. I hereby acknowledge that participation in soccer competition carries with it potential hazards, including, but not limited to, risk of serious injury.

In spite of the risks involved in participating in the Tournament **I, AND ON MY CHILD'S BEHALF, FREELY AND VOLUNTARILY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY OR DAMAGE OF ANY KIND OR NATURE WHATSOEVER**, and therefore, fully and forever release and discharge the: (1) Falmouth Youth Soccer Association (FYSA), its team coaches, officers, directors, agents, affiliates and insurers; (2) the officers and officials of the Tournament; (3) any attending athletic trainers; (4) the Town of Falmouth (including every operating element of the municipality); (5) all organizations sponsoring and/or associated with the Tournament and each of its/their respective affiliates, directors, officers, owners, employees, agents and insurers (1-5, collectively and together, "Falmouth Affiliates") of any and all loss, damage, claim (including negligence claims), demand, lawsuit, expenses and any other liability of any kind or nature to me, my child, my property or any other persons arising directly or indirectly out of or in connection with my or my child's participation in the Tournament. I will defend, indemnify, hold harmless and reimburse Falmouth Affiliates from and for all claims against, and damages, losses, costs, or expenses (including legal fees) incurred or paid by, Falmouth Affiliates to any person (including me or my insurers) in respect of any accident, injury (including death), loss, or property damage, however caused resulting from, arising out of, or otherwise in connection with my or my child's participation in the Tournament. I will not directly or indirectly initiate any claim, lawsuit, court action, or other legal proceeding or demand against Falmouth Affiliates, nor join or assist in the prosecution of any claim for money or other damages which anyone may have, on account of injuries (including death), losses, or damages sustained by me, my child, other parties, or my, my child's (or others') property in connection with my participation in the Tournament, and I waive any right I may have to do so. I waive my insurers' right to make a claim against Falmouth Affiliates based on payments by insurers to me or on my behalf for any reason.

Participant's Signature: _____ Child's DOB: _____

Team and Club Affiliation: Boys / Girls U- ____ on Club: _____

Parent/Guardian's Signature: _____ Dated: _____

CONSENT FOR MEDICAL EMERGENCY MEDICAL AID AND MEDICAL TREATMENT

I hereby give consent for my child, _____, to receive emergency medical treatment, which may be deemed advisable in the event of an accident, illness or injury during the Tournament including being admitted to any hospital or medical facility for diagnosis and treatment. I hereby authorize physicians, dentists and staff, including technicians and nurses, to perform diagnostic and treatment procedures, operative procedures and X-ray treatment of the above named child as they may deem appropriate and necessary in the circumstances. I understand that I am responsible for all costs related to such medical treatment, medical transportation and/or evacuation. I have completed the required medical information below.

MEDICAL INFORMATION

Known Allergies: _____

Known Medical Problems: _____

Health Insurance & Policy #: _____

Personal Physician Address and Phone Number: _____

I understand that, if possible, I will be notified by telephone of any emergency treatment required.

Parent/Guardian's Signature: _____ Date: _____

Address: _____

Home Telephone #: _____ Cell Telephone #: _____