

# 2026 Falmouth Fall Classic

## LIABILITY WAIVER & MEDICAL CONSENT FORM

*EACH PLAYER MUST COMPLETE THIS FORM. Coaches must upload completed forms to Got Sport or provide hard copies upon check-in.*

Player's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Team Age and Club Affiliation: Boys/Girls U- \_\_\_\_\_ on Club: \_\_\_\_\_

### ACKNOWLEDGEMENT OF RISK

Parents/guardians and players hereby acknowledge that participation in soccer involves inherent risks that may result in serious injury, illness (including, but not limited to, contraction of infectious disease), or other unforeseen risks, including, but not limited to, those which may be due to the unavailability of immediate emergency medical care. I, the parent/guardian of the identified Player ("Player"), knowingly and voluntarily assume all such risks on behalf of Player.

### RELEASE OF LIABILITY

To the fullest extent permitted under Maine law, I, on behalf of myself and Player, hereby release, waive liability, discharge, hold harmless, indemnify, and covenant not to sue the Falmouth Youth Soccer Association and its teams, coaches, officers, directors, and agents; the 2026 Falmouth Fall Classic Soccer Tournament ("Tournament") organizers, officials, and volunteers, and their respective agents; and the Town of Falmouth and its officials, employees, and agents (collectively, "Released Parties"), from any and all liability, claims, demands, or causes of action arising out of or related to Player's participation in the Tournament.

This release includes claims based on ordinary negligence but does not apply to conduct that is reckless or intentional.

### INDEMNIFICATION

I agree to defend, indemnify and hold harmless the Released Parties from any claims, damages, or expenses (including attorneys' fees) arising out of Player's participation in the Tournament, to the extent permitted by Maine law, including, but not limited to, claims for the Released Parties' own negligence.

### MEDICAL CONSENT FOR MEDICAL TREATMENT

I certify that Player is physically able to participate and has no known medical condition that would increase the risk of injury.

I hereby give consent for Player to receive medical treatment that may be deemed advisable in the event of injury, accident, or illness during Tournament and thereafter, including being admitted to any hospital or medical facility for diagnosis and treatment. I hereby authorize healthcare professionals to perform diagnostic and treatment procedures, including but not limited to operative procedures and X-ray treatment, of Player as such professionals may deem appropriate and necessary in the circumstances. I understand that, if possible, I will be notified by telephone of any medical treatment required.

I agree to be fully responsible for any and all medical costs incurred.

#### INSURANCE

I understand that the Released Parties do not provide medical or accident insurance coverage for participants. I certify that Player is covered under a valid health insurance policy.

#### ENFORCEABILITY

This Agreement shall be governed by the laws of the State of Maine. Any disputes arising from this Agreement or participation in the Tournament shall be brought exclusively in the state or federal courts located within the State of Maine.

If any provision of this Agreement is found unenforceable under Maine law, the remaining provisions shall remain in full force and effect.

#### PLAYER'S MEDICAL INFORMATION

Known Allergies: \_\_\_\_\_

Known Medical Problems: \_\_\_\_\_

Health Insurance Company & Policy #: \_\_\_\_\_

Personal Physician: \_\_\_\_\_

I HAVE READ THIS AGREEMENT CAREFULLY AND UNDERSTAND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS ON BEHALF OF MYSELF AND PLAYER.

Parent/Guardian's Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Alternate Tel. #: \_\_\_\_\_