



Lancaster Depew Soccer Tournament Liability Release/Medical Form



Liability Release

I, the undersigned, for myself or as a parent or guardian of the below named player, understand that the game of soccer involves a risk of injury. In consideration of my child being allowed to play in the Lancaster Depew Soccer Tournament, I hereby, for myself and/or my child/ward, agree to release and hold harmless the Lancaster Depew Soccer Tournament, Lancaster Depew Soccer Club, Town of Lancaster, their officials, officers, directors, members, and sponsors, for and from any liability for injury, of any nature whatsoever, that may arise as a result of participation in the Lancaster Depew Soccer Tournament.

Medical Consent

I, the undersigned, for myself or as a parent or legal guardian of the named player, in the event of injury or illness, hereby give my consent to have an Athletic Trainer, Emergency Medical Technician, Physician, Hospital, Dentist, or other appropriate medical personnel provide him/her with medical assistance and/or treatment.

Player Name	Player/Guardian Signature	Date
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As coach/manager I acknowledged that copies of a medical release form for each player on our approved tournament roster are on file with our team. I also acknowledge that copies of said releases are kept with the team.

Coach/Manager

Signature

Date