Wellesley United Soccer Club
Memorial Day Tournament
MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth ____/____/____ Date of last Tetanus Booster _____/_____/_____
Month Day Year *Month Day Year*

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone _____

Name of Parent/Guardian _____
Address_____
City/State/Zip _____
Phone (H) _____ (W) _____ (Email) _____

Person responsible for charges (if different from above) _____
*Address*_____
*City/State/Zip*_____
Phone (H) _____ *(W)* _____ *(Email)* _____

Person to notify if parent/guardian is unavailable _____
Phone (H) _____ (W) _____ (Email)_____
Insurance Carrier _____ Policy Number _____
Signature of Parent/Guardian _____

GENERAL RELEASE

This form must be read and signed before the participant takes part in the WUSC Invitational Tournament (the Tournament). By signing this form, the participant affirms having read it and acknowledges having had sufficient opportunity to have this agreement reviewed by participants/s counsel.

On my own behalf and on the behalf of my heirs, successors and assigns, I herby forever release and discharge and agree to hold harmless Wellesley United Soccer Club, Inc. ("WUSC"), each of their officers, Directors, Emloyees, Agents, Shareholders, Members, Partners, Representatives, and all owners and Operators of all sites at which WUSC conducts the tournament and their respective affiliates, and all the representatives (Collectively the "released parties") from any and all liabilities, harm, claims, costs, demands or causes of action, whether known or unknown ("claims") that I may now or hereafter have for injuries or damages arising out of my participation in the Tournament.

I understand and acknowledge that dangers of personal injury are inherent in participating in soccer and I expressly and voluntarily assume all risk of death, harm or personal injury sustained in the games and related activities, including but not limited to the risks incurred in all these activities and those arising from hidden, latent or obvious defects in any facilities or equipment used. I acknowledge the possibility that my successors or I may not fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. This release is intended to be binding on my heirs and assigns. This release is being signed in consideration of the opportunity to play in the Tournament. It is an agreement made under seal and is governed by Massachusett's law.

Parent/ Guarrdians signature_____ Date ___/___/___