

Medical Release Acknowledgement



I _____, coach/manager of the _____
acknowledge that I will have in my possession during all games at the Salt City Soccer
Tournament, medical release forms for each player & guest player registered on my team.

I acknowledge that the form is signed by that player's parent or legal guardian and includes
waiver of liability clause and Consent for Medical Treatment similar to below:

Release of Liability Recognizing the possibility of injury associated with soccer and in
consideration for the USSF/USYSA and its affiliates accepting the above-named player for its
soccer program and activities, I hereby release, discharge and/or otherwise indemnify the
USSF/USYSA, its affiliated organizations and sponsors, their employees and personnel, including
the owners of the fields and facilities utilized for the League/Tournament contents against any
claim by or on behalf of the player as a result of the player's participation. Consent for Medical
Treatment as the parent or legal guardian of the above-named player, I request that in my
absence my child 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 licensed technicians or nurses, to perform any diagnostic
procedures, treatment procedures, operative procedures and X-ray treatment of the above
minor. I have not been given a guarantee as to the results of examination or treatment.

Signature : _____

Date : _____