# RELEASE OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

## 2017 Portsmouth Invitational Soccer Tournament

To: **Portsmouth Youth Soccer Association**
Subject: **General release of liability and indemnification and consent for emergency medical aid and treatment**

**Team Name: _____ Town: _____ Division: _____**

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the Portsmouth Invitational Soccer Tournament to be held on June 16th – 18th, 2017. I understand and acknowledge that there is a risk of personal injury in soccer competition, and in recognition of these risks do hereby release, hold harmless and indemnify the United States Youth Soccer Association, Soccer Rhode Island, the Portsmouth Youth Soccer Association, Portsmouth Pirates Soccer Club, the Portsmouth Invitational Soccer Tournament, Tournament Committee, and their respective officers, directors, coaches, and designated officials from all claims, causes of action and any and all liability which may result, directly or indirectly, from the participation of my son/daughter in the soccer tournament.

I further give my consent for my son/daughter to receive emergency medical treatment, which may be deemed advisable in the event of an accident or illness during the Portsmouth Invitational Soccer Tournament. I understand that, if possible, I will be notified by telephone of any emergency treatment required.

| Player Name | DOB | Parent's Signature | Contact # | Date |
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