

Midstate Soccer League

PO Box 16371
Chapel Hill, NC 27516

Medical Consent /Waiver of Liability and Release

Team Name: _____

Association (Club) Name: _____

Player's Full Name: _____

Birth Date: _____ Sex: _____

Address: _____

Parent/Guardian Full Name (s): _____

I/we, the undersigned residing in the county of _____, state of _____, the parent(s)/legal guardian(s) of the above named "Player", a minor, who resides with me/us, do hereby declare my/our intent to play and participate in a soccer tournament or other games or activities organized by the Midstate Soccer League ("MSSL").

Recognizing the possibility of physical injury associated with participating in a soccer games, practices, or a tournament and related warm-ups and on-site practices, I/we hereby jointly and severally release, discharge, and/or otherwise indemnify the MSSL, their sponsors, their employees and associated personnel, contractors, and volunteers, including then owners of the fields and facilities utilized against any claim for personal injuries sustained by the Player while present or participating in the tournament, other soccer games or practices or while traveling to or from the tournament, games, or practices any of which may have been organized by the MSSL.

I/we declare and hereby certify that I/we have provided basic medical information and medical insurance information regarding the Player and have also provided full contact information to the manager of the team on which the Player participates and that this information is available to officials of the MSSL during the events organized or sponsored by the MSSL.

In addition, I/we authorize appropriate adult volunteers, employees, contractors, or officials of the MSSL, after a reasonable attempt has been made to contact me/us, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical, or surgical procedure, treatment, and/or hospital care to be rendered to the Player under the general or special supervision of and/or the advice of any physician, surgeon, dentist or other appropriate trained and licensed medical personnel.

The undersigned have read and fully understand and agree to the foregoing.

Signature: _____

Date: _____

Print Name: _____

Signature: _____

Date: _____

Print Name: _____