



**2021 North Reading Youth Soccer Fall Kickoff Classic
Player Liability Release Form**

**Form must be completed and signed for each player prior to first game.*

MEDICAL CONSENT

I, the parent/guardian of _____, hereby give my consent for emergency medical treatment of my child.

Signature of Parent/Guardian: _____ Date: _____

Telephone – Home: _____ Work: _____

Address: _____ City, State, Zip: _____

Existing medical condition: For example, *My child is allergic to...* or *My child is taking the following medication...* If none, write “*none*”.

Child’s Physician: _____ Telephone: _____

Address: _____ City, State, Zip: _____

PLAYER PARTICIPANT RELEASE OF LIABILITY

In consideration of my child being allowed to participate in any way in the soccer programs and activities of US Youth Soccer and its members (e.g. Massachusetts Youth Soccer Association and its member organizations including North Reading Youth Soccer), and their related events and activities (the “Programs”), the undersigned, acknowledge, appreciate, and agree that:

The risk of injury and illness from the activities involved in the Programs is significant, including (without limitation) the potential for injury or illness – in particular and not by way of limitation, risks of exposure, directly or indirectly, arising out of, contributed to or by, or resulting from any infectious or communicable disease, including (without limitation) the current or any future outbreak of the novel coronavirus (COVID-19) and/or any mutation or variation thereof – and while particular skills, equipment and personal discipline may reduce this risk, the risk of serious injury or illness does exist. I knowingly and freely, for myself and on behalf of my child, assume all such risks, both known and unknown, even if arising from the negligence of the Releasees or others, and assume full responsibility for my and my child’s participation in the Programs.

I consent to my child participating in the Programs.

I, for myself and on behalf of my child, and our respective heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless US Youth Soccer, its member organizations (e.g. Massachusetts Youth Soccer Association and its member organizations), and their respective

directors, officers, employees, agents, associated personnel, volunteers, other participants, sponsoring agencies, sponsors, advertisers and, if applicable, owners and lessors of fields, facilities and premises utilized for the Programs (collectively, the "Releasees"), with respect to any and all injury, illness, disability, death or loss or damage to person or property associated with my or my child's presence at, or participation in the Programs, including being transported to or from the Programs, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law.

I hereby authorize the transportation of my child to or from the Programs.

My child has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice attached to this release setting forth any specific issue, condition, or ailment that my child has that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and treatment.

When necessary, I understand that an uploaded or provided photo will only be used for printing on a credential (i.e., ID, Pass Card, Roster) and will not be used for any other purposes without express consent. I consent to Massachusetts Youth Soccer and its affiliates taking photographs, video recordings, and/or sound recordings in documenting the activities of Massachusetts Youth Soccer's programs and services. I hereby grant Massachusetts Youth Soccer and its affiliates' permission to use the negatives, prints, motion pictures, video recordings, audio recordings, or any other reproduction of the same for Massachusetts Youth Soccer and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications.

My child and my child's parents and guardians will abide by the rules, policies, procedures and protocols as provided by U.S. Youth Soccer and members of U.S. Youth Soccer, including Massachusetts Youth Soccer and all affiliated member organizations.

I understand and give permission for my child to participate in practices and games where they may be on the field with players of younger or older ages. I understand and accept there may be risks involved when playing with players of different ages. I am aware that if I do not accept such risks I may remove my child from the field.

I have read this release of liability and assumption of risk agreement, and fully understand its terms. I understand that I have given up substantial rights by electronically signing this document, and I sign it freely and voluntarily without any inducement. I hereby waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind.

I also understand and agree that smoking, pets, and alcohol are prohibited from all North Reading Fall Kickoff Classic venues.

Signature of Parent/Guardian: _____ Date: _____

Signature of Player: _____ Date: _____

Team (Town/Age Group): _____
