



Medway Youth Soccer

2024 Medway 3v3 Soccer Jamboree – Medical & Liability Release

Player Name: _____ Team Name: _____

Division: (Gender & Age): _____

I desire for my child to participate in the 2024 Medway 3v3 Soccer Jamboree ("The Tournament"). In consideration of my child being permitted to participate in the Tournament, I agree to all the terms below. I hereby acknowledge that participation in soccer competition carries with it potential hazards, including, but not limited to, harm caused by collision with another player or equipment, harm caused by incidents during travel to and from the Tournament and dehydration during practices, games or events.

In spite of the risks involved in participating in the Tournament, I AND ON MY CHILD'S BEHALF, FREELY AND VOLUNTARILY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY OR DAMAGE, and therefore, fully and forever release and discharge the Medway athletic trainers, and any town, city, school, college, organization, or sponsor associated with the Tournament, and each of their respective affiliates, directors, officers, owners, employees, agents and insurers (collectively "MYS") of any and all loss, damage, claim (including negligence claims), demand, lawsuit, expenses and any other liability of any kind to me, my child, my property or any other persons arising directly or indirectly out of or in connection with my or my child's participation in the Tournament. I will defend, indemnify, hold harmless and reimburse MYS from and for all claims against, and damages, losses, costs, or expenses (including legal fees) incurred or paid by, MYS to any person (including me or my insurers) in respect of any accident, injury (including death), loss, or property damage, however caused resulting from, arising out of, or otherwise in connection with my or my child's participation in the Tournament. I will not initiate any claim, lawsuit, court action, or other legal proceeding or demand against MYS, not join or assist in the prosecution of any claim for money or other damages which anyone may have, on account of injuries (including death), losses, or damages sustained by me, my child, other parties, or my, my child's (or others') property in connection with my participation in the Tournament, and I waive any right I may have to do so. I waive my insurers' right to make a claim against MYS based on payments by insurers to me or on my behalf for any reason.

I hereby give consent for my child to receive emergency medical treatment which may be deemed advisable in the event of an accident, illness or injury during the Tournament and I understand that I am responsible for all costs related to such medical treatment, medical transportation and/or evacuation. I have completed the required medical information below.

By allowing my child to participate in the Tournament, I grant my irrevocable consent to Medway Youth Soccer, its successors, assigns, and licensees ("Beneficiary") taking photographs of my child and property during his or her participation in the Tournament and to use and publish the same in print, websites, social media channels, and/or electronically. I further agree that Beneficiary may use such photographs of my child for any lawful purpose, including as publicity, illustration, advertising, and Web content. All photographs or other recording of the Tournament, whether or not involving my child, and any works derived therefrom, shall be the sole property of Beneficiary and I and on behalf of my child waive any and all rights of publicity, privacy, or other rights therein.

Parent Signature: _____ Date: _____

Mobile Phone #: _____

Medical Information (REQUIRED)

Known Allergies: _____ Name of Insured: _____

Known Medical Problems: _____ Personal Physician: _____

Health Insurance Carrier: _____ Address: _____

Policy Number: _____ Telephone Number: _____