

2019 Colchester SoccerFest Tournament, Colchester, CT

RELEASE OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

Club Name: _____

Team Name: _____

Division: _____

Coach's Name & Phone Number: _____

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the 2019 Colchester SoccerFest Tournament to be held October 26 and 27, 2019 (with a rain date of November 2 and 3, 2019 in Colchester, Connecticut.

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, The Connecticut Junior Soccer Association, the Colchester Soccer Club, the tournament committee and their officers, directors, coaches, designated officials and the Town of Colchester including the Colchester recreation Complex, William J. Johnston Middle School, Jack Jackter Intermediate School, Colchester Elementary School and Bacon Academy 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 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 Colchester SoccerFest Tournament. I understand that, if possible, I will be notified by telephone of any emergency treatment required.

