

**Wellesley United Soccer Club**  
**Memorial Day Tournament**  
**MEDICAL RELEASE FORM**

As the parent/legal guardian of \_\_\_\_\_, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Date of last Tetanus Booster \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine \_\_\_\_\_  
Any other medical problems which should be noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Email) \_\_\_\_\_

*Person responsible for charges (if different from above)* \_\_\_\_\_  
*Address* \_\_\_\_\_  
*City/State/Zip* \_\_\_\_\_  
*Phone (H)* \_\_\_\_\_ *(W)* \_\_\_\_\_ *(Email)* \_\_\_\_\_

Person to notify if parent/guardian is unavailable \_\_\_\_\_  
Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Email) \_\_\_\_\_  
Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_  
Signature of Parent/Guardian \_\_\_\_\_

**GENERAL RELEASE**

This form must be read and signed before the participant takes part in the WUSC Invitational Tournament (the Tournament). By signing this form, the participant's Parent/Guardian represents and affirms: that s/he has the power and authority to execute this Medical Release and General Release (the "Release") on behalf of the participant; that s/he has read the Release; and acknowledges having had sufficient opportunity to have the Release reviewed by participant's counsel.

On the behalf of the participant's family, parents, guardians, heirs, successors and assigns, I hereby forever release, discharge, agree to hold harmless, and covenant not to sue Wellesley United Soccer Club, Inc. ("WUSC"), each of its officers, directors, employees, agents, shareholders, members, partners, representatives, and all owners and operators of all sites at which WUSC conducts the Tournament and their respective affiliates, and all the representatives (collectively the "released parties") from any and all liabilities, harm, claims, costs, demands or causes of action, whether known or unknown ("claims") that I may now have or hereafter have for injuries or damages arising out of my participation in the Tournament.

I understand and acknowledge that dangers of personal injury are inherent in participating in soccer games and related activities and I expressly and voluntarily assume all risk of death, harm and/or personal injury sustained in the games and related activities, including but not limited to the risks incurred in all these activities and those arising from hidden, latent or obvious defects in any facilities or equipment used. I acknowledge the possibility that neither I, nor my successors may fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. This release is intended to be binding on the participant's family, parents, guardians, heirs and assigns. This release is being signed in consideration of the opportunity to play in the Tournament. It is an agreement made under seal and is governed by Massachusetts law.

Name of Participant \_\_\_\_\_

Parent/ Guardians signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

