RELEASE OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

2019 North Kingstown Father's Day Classic Soccer Tournament

To: **North Kingstown Youth Soccer Club**
Subject: **General release of liability and indemnification and consent for emergency medical aid and treatment**

Team Name: _____ Town/City: _____ Division: _____

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the North Kingstown Father's Day Classic soccer tournament to be held on June 15 and 16, 2019. 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, Soccer-Rhode Island, North Kingstown Youth Soccer Association, the North Kingstown Youth Soccer Club, the Tournament Committee, and their officers, directors, coaches, and designated officials 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 North Kingstown Father's Day Classic. I understand that, if possible I will be notified by telephone of any emergency treatment required.

Player's Name	Parent's Signature	Date