RELEASE OF LIABILITY AND CONSENT FOR MEDICAL TREATMENT

2023 North Kingstown Father's Day Classic Soccer Tournament

Ocean State North Kingstown United

To:

Subject:	General release of liability and indemnification and consent for emergence medical aid and treatment		
Team Name:		Town/City:	Division:
North Kingstowr acknowledge tha release, hold harn Kingstown Youtl Committee, and all liability which I further gi advisable in the o	n Father's Day Classic set there is a risk of personal set of personal set of their officers, directors, in may result directly or twe my consent for my sevent of an accident or	nereby give my consent for my son/daug soccer tournament to be held on June 17 onal injury in soccer competition, and in e United States Youth Soccer Association Ocean State Soccer Club, Ocean North K coaches, and designated officials from a indirectly, from the participation of my son/daughter to receive emergency medi- itliness during the North Kingstown Fath- of any emergency treatment required.	and 18, 2023. I understand and recognition of these risks do hereby on, Soccer-Rhode Island, North Lingstown United, the Tournament all claims, causes of action and any and son/daughter in the tournament. cal treatment, which may be deemed
Play	er's Name	Parent's Signature	<u>Date</u>