



MEDICAL RELEASE AND WAIVER LIABILITY FORM

****SAY Premier Soccer Medical Consent/Hold Harmless Form needs to be completed along with this form****

Player's Full Name: _____

DOB: _____

Club Name: _____

Team Name: _____

MEDICAL RELEASE AND WAIVER LIABILITY

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided on the SAY Premier Soccer Medical Consent/Hold Harmless form. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the Greater Dayton Premier League, their sponsors, affiliated organizations, and associated personnel of the organization, against any claim by or on behalf of the soccer player named above as a result of that player's participation in the Greater Dayton Premier League, and/or being transported to or from the same, which transportation I hereby authorize.

Print Name: _____ Date: _____

Signature: _____ Relation to player: Father Mother Guardian