



Needham Memorial Day Tournament

Driven by Yokohama

INVITATIONAL AND FC BOSTON COLLEGE SHOWCASE

PLAYER NAME

TEAM NAME

SOCCER CLUB NAME

DIVISION – age & gender

****2017 Needham Memorial Day Tournament - Medical & Liability Release****

I desire for my child to participate in the 2017 Needham Memorial Day Tournament (the "Tournament"). In consideration of my child being permitted to participate in the Tournament I agree to all the terms below. I hereby acknowledge that participation in soccer competition carries with it potential hazards, including, but not limited to, harm caused by collision with another player or equipment; harm caused by incidents during travel to and from the Tournament and dehydration during practices, games or events

In spite of the risks involved in participating in the Tournament I, **AND ON MY CHILD'S BEHALF, FREELY AND VOLUNTARILY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY OR DAMAGE**, and therefore, fully and forever release and discharge the Needham Soccer Club, Inc., its team coaches, Football Club Boston, Inc., the officers and officials of the Tournament, Precision Athletic Training, any other athletic trainers, and any town, city, school, college, organization or sponsor (including, without limitation, Yokohama Tire Corporation) associated with the Tournament, and each of their respective affiliates, directors, officers, owners, employees, agents and insurers (collectively "Sponsor") of any and all loss, damage, claim (including negligence claims), demand, lawsuit, expenses and any other liability of any kind to me, my child, my property or any other persons arising directly or indirectly out of or in connection with my or my child's participation in the Tournament. I will defend, indemnify, hold harmless and reimburse Sponsor from and for all claims against, and damages, losses, costs, or expenses (including legal fees) incurred or paid by, Sponsor to any person (including me or my insurers) in respect of any accident, injury (including death), loss, or property damage, however caused resulting from, arising out of, or otherwise in connection with my or my child's participation in the Tournament. I will not initiate any claim, lawsuit, court action, or other legal proceeding or demand against Sponsor, nor join or assist in the prosecution of any claim for money or other damages which anyone may have, on account of injuries (including death), losses, or damages sustained by me, my child, other parties, or my, my child's (or others') property in connection with my participation in the Tournament, and I waive any right I may have to do so. I waive my insurers' right to make a claim against Sponsor based on payments by insurers to me or on my behalf for any reason.

I hereby give consent for my child to receive emergency medical treatment which may be deemed advisable in the event of an accident, illness or injury during the Tournament and I understand that I am responsible for all costs related to such medical treatment, medical transportation and/or evacuation. I have completed the required medical information below.

By allowing my child to participate in the Tournament, I grant my irrevocable consent to Needham Soccer Club, Inc., its successors, assigns, and licensees ("Beneficiary") taking photographs of my child and property during his or her participation in the Tournament and to use and publish the same in print, websites, social media channels and/or electronically. I further agree that Beneficiary may use such photographs of my child for any lawful purpose, including as publicity, illustration, advertising, and Web content. All photographs or other recordings of the Tournament, whether or not involving my child, and any works derived therefrom, shall be the sole property of Beneficiary and I and on behalf of my child waive any and all rights of publicity, privacy, or other rights therein

Parent Signature: _____ Date: _____
Mobile Phone # : _____



Medical Information (REQUIRED)

Known Allergies: _____ Name of Insured: _____
Known Medical Problems: _____ Personal Physician: _____
Health/Hospital Insurance: _____ Address: _____
(Name of Insurer) Telephone #: _____
Certificate/Policy #: _____

Permission to Dual Roster (optional) I hereby give consent for my child _____ to play for 2 non-competing teams during the 41st Needham Memorial Day Tournament. I understand the risks associated with playing additional games and accept responsibility for any consequences in terms no less exacting than those set forth above. Scheduling conflicts will be considered but CANNOT be guaranteed.

Team name: _____ Division: _____ Coach Signature: _____

Team name: _____ Division: _____ Coach Signature: _____

Parent signature: _____