



MEDICAL RELEASE

I/We, have legal custody of _____ (the "Player"). I/We hereby authorize a representative of Hampshire United SC/The Amherst Soccer Club/Milford FC, its affiliated organizations, including the Player's coach, to consent to any X-ray examination, anesthetic, medical, surgical or dental treatment and/or hospital care to be rendered to the Player under the general or special supervision and on the advice of any licensed physician, surgeon or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. I/We further agree to be responsible for any medical, dental or hospital fees or costs associated with treatment of the Player.

Street: _____ Town: _____

Date of Birth: _____ Grade Next Season: _____ School: _____

Player Cell Phone: _____ Player Email: _____

Parent/Guardian #1 Name: _____ Parent/Guardian #1 Email: _____

Parent/Guardian #2 Name: _____ Parent/Guardian #2 Email: _____

Parent/Guardian #1 Cell Phone: _____ Parent/Guardian #2 Cell Phone: _____

INDEMNIFICATION

The undersigned parent(s)/legal guardian(s) (or the Player, if over the age of 18), hereby acknowledge(s) that the game of soccer competition carries with it a potential risk of injury, and as such, the undersigned hereby assume(s) the risk of such possible injury to the Player. The undersigned also agree(s) to release, discharge and or otherwise indemnify and hold harmless Hampshire United SC/The Amherst Soccer Club/Hampshire FC/Milford FC, their employees, associated personnel, coaches, representatives, directors, volunteers, affiliated organizations and sponsors, including the owners of fields and facilities utilized for the Programs, from any loss, damage, or other disability, however characterized, resulting from injury or damage to the Player, resulting directly or indirectly from such Player's participation or association with Hampshire United SC/The Amherst Soccer Club/Hampshire FC/Milford FC, or its affiliated organizations including practices, tryouts, games, tournaments or other activities.

I/We, the parent(s)/legal guardian(s) (or the Player, if over the age of 18), do hereby agree to the above Indemnification. I/We further agree that I/we have read and fully understand the terms and conditions, possible implications, and consequences of this Indemnification, and I/we are executing the same freely and voluntarily.

Members shall encourage and demonstrate sportsmanship and treat all players, coaches, referees and spectators with respect. Should a parent/spectator or member not adhere to the above, suspension or expulsion from the programs could result.

Parent/Legal Guardian:

Print Full Name: _____ Signature: _____ Date: _____

Parent/Legal Guardian:

Print Full Name: _____ Signature: _____ Date: _____

Player (if over the age of 18)

Print Full Name: _____ Signature: _____ Date: _____