Release of Liability and Consent for Medical Treatment

To: "Sylvie Poulin" Rocky Hill Columbus Day Classic Tournament, October 6 and 7, 2018
Subject: General release of liability and indemnification and consent for emergency medical aid and treatment

Team Name:____________________ Town:______________ Division:______________

I, the parent or guardian of the above named participant in the Rocky Hill Columbus Day Classic, hereby give approval to his/her participation in such tournament and associated activities during October 6 and 7, 2018. I also assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activity. I do further waive, release, absolve, indemnify, and agree to hold harmless the Rocky Hill Soccer Club, its organizers, sponsors, supervisor, participants, volunteers, and members, agents, servants, or employees, for any injury, claim, loss arising from or at said tournament. I further understand that I am solely responsible for the entry fee into said tournament. This release is signed and provided in consideration for our child being allowed to participate in said tournament. I hereby give permission for any and all medical attention necessary to be administered to my child. In the event of an injury, sickness, etc., until such time as I may be contacted, I assume all financial responsibility for any expenses incurred.

Player's Name	**Parent's Signature**	**Telephone Numbers**	**Date**