

2017 Paul R. Cody Columbus Day Tournament Windsor, Connecticut

**RELEASE OF LIABILITY AND CONSENT FOR MEDICAL
TREATMENT**

Club Name: _____
Team Name: _____
Division: _____
Coach's Name _____
Coach's Phone Number: _____

I, as parent or legal guardian, do hereby give my consent for my son/daughter to participate as a player in the 2017 Paul R. Cody Columbus Day Tournament to be held October 7 & 8, 2017 in Windsor, Connecticut. I understand and acknowledge that there is a risk of personal injury in soccer competition, and in recognition of these risks do hereby release, hold harmless and indemnify the United States Youth Soccer Association, The Connecticut Junior Soccer Association, the Windsor Soccer Club, the tournament committee and their officers, directors, coaches, designated officials and the Town of Windsor including Oliver Ellsworth School, LP Wilson Community Center, Windsor High School, and Northwest Park from all claims, causes of action and any and all liability which may result directly or indirectly from the participation of my son/daughter in the tournament. I further give my consent for my son/daughter to receive emergency medical treatment, which may be deemed advisable in the event of an accident or illness during the Paul R. Cody Columbus Day Tournament. I understand that, if possible, I will be notified by telephone of any emergency treatment required.

