



**2022 Amherst Soccer Club/Hampshire United SC
29th Annual Memorial Day Classic**

MEDICAL RELEASE & INDEMNIFICATION

I/We, have legal custody of _____ (the “Player”). I/We hereby authorize a representative of The Amherst Soccer Club, Inc. and its affiliates, 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. I/We further agree to be responsible for any medical, dental or hospital fees or costs associated with treatment of the Player.

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

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

Known Allergies or Medical Problems: _____

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 indemnify and hold harmless The Amherst Soccer Club, Inc., its directors, coaches, affiliates and representatives 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 The Amherst Soccer Club Memorial Day Classic Tournament, including practices, games, or other activities.

As a result of participation in this soccer program, we are aware there are risks to me and the player of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself, and the participant and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE AMHERST SOCCER CLUB, HAMPSHIRE UNITED SC AND NEW HAMPSHIRE SOCCER ASSOCIATION**, its officers, officials, agents, volunteers and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

I/We, the parent(s)/legal guardian(s) (or the Player, if over the age of 18), do hereby agree to the above medical release & 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.

Parent/Legal Guardian #1 or Player if over the age of 18:
 Print Full Name: _____ Signature: _____ Date: _____

Parent/Legal Guardian #2:
 Print Full Name: _____ Signature: _____ Date: _____