

Fort Wayne United FC – Tournament Medical Release Form

Consent for Medical Treatment -In the unlikely event that medical attention may be needed for my child, I give my consent for emergency medical/surgical treatment of my child.

General Release -In registering my child as a participant in this Fort Wayne United FC event, I understand and agree that my child assumes any and all risks, including personal injury or death, which might be associated with its activities and waive and release all rights, costs, and claims for damages for any claims brought which my child, heirs, executors, administrators, assigns, or I may have against Hefner Soccer Complex, The Plex, Fort Wayne United FC, its directors, coaches, officials, or representatives for any and all injuries and damages of any kind suffered as a result of participation in this tournament. I also agree to indemnify Hefner Soccer Complex, The Plex, and Fort Wayne United FC, its directors, coaches, officials, or representatives for any claims brought arising out of my child's participation in this tournament.

Team Name: _____ Age Group: _____

	Player Name	D.O.B.	Parent Name	Parent Signature	Player Signature (18 or Older)	Date
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