MEDICAL LIABILITY PLAYER CONSENT FORM
Assumption of the Risk and Waiver of Liability

By signing this agreement, I acknowledge the risk of participation and bodily injury could occur. I voluntarily assume the risk that my child(ren) and/ or team members and I may result in personal injury, illness, and permanent disability. I agree that should any medical treatment be rendered to any player, coach, manager or any member of the traveling party of the Team or the Club that is not covered by medical insurance, the Club or individuals shall be fully responsible for all costs for such medical treatment and such costs shall be paid at the time the service is rendered. Medical insurance is the responsibility of the player, family, and/ or team members.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, and disability), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)'s attendance at the event ("Claims"). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless Decatur Morgan County Tourism and Premier Soccer Services, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of Premier Soccer Services, its employees, agents, and representatives.

Team Representative: _____

Team Representative Signature: _____

The Team representative confirms that they will communicate and inform all team members, staff, players, and families of the information in this waiver. The team representative confirms that the team and all members participating accepts these terms and sign below.

The Team representative will communicative all information and updates before, during, and after the tournament.

All players and parents sign below.

Players' Name:	Parent/ Legal Guardian signature:
_____	_____
_____	_____
_____	_____
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