



## Chili Invitational Soccer Tournament Team Medical Verification Release Form

I \_\_\_\_\_, coach of the \_\_\_\_\_  
acknowledge that I will have on my possession during all games at the  
Chili Invitational Soccer Tournament, medical release forms for each  
player registered on my team.

I acknowledge that the form is signed by that player's parent or legal  
guardian and includes waiver of liability clause and Consent for Medical  
Treatment similar to below:

### **Release of Liability**

Recognizing the possibility of injury associated with soccer and in consideration for the  
USSF/USYSA and its affiliates accepting the above-named player for its soccer program and  
activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its  
affiliated organizations and sponsors, their employees and personnel, including the owners of the  
fields and facilities utilized for the League/Tournament contents against any claim by or on  
behalf of the player as a result of the player's participation.

### **Consent For Medical Treatment**

As the parent or legal guardian of the above-named player, I request that in my absence my child  
be admitted to any hospital or medical facility for diagnosis and treatment. I request and  
authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of  
Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment  
procedures, operative procedures and X-ray treatment of the above minor. I have not been given  
a guarantee as to the results of examination or treatment.

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_