

Wellesley United Soccer Club Memorial Day Event **MEDICAL RELEASE FORM**

As the parent/legal guardian of _____, I request that in my absence the above-named player 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 such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Player's Birth ____/____/____ Date of last Tetanus Booster ____/____/____
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine

Any other medical problems which should be noted

Family Physician _____ Phone _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____

(Email) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone (H) _____ (W) _____

(Email) _____

Person to notify if parent/guardian is unavailable _____

Phone (H) _____ (W) _____

(Email) _____

Insurance Carrier _____

Policy Number _____

Signature of Parent/Guardian: _____

COVID-19 DISCLOSURE / ACKNOWLEDGEMENT:

You can find information, updates, and resources on COVID-19 by accessing the city, county, or other municipal web sites in your area, and by going to the Center of Disease Control and Prevention at <https://www.cdc.gov> or the Massachusetts Youth Soccer Association at <https://www.mayouthsoccer.org/>. You will also find the Wellesley United specific guidance at <http://www.wellesleysoccer.org/health-and-wellness/covid-19-policy>.

- I understand that I have a duty not to attend any Activity if I develop any COVID-19 related symptoms such as cough, shortness of breath or difficulty breathing, chills, repeated shaking with chills, muscle pain, headache, sore throat, loss of taste or smell, diarrhea, feeling feverish, or a measured temperature equal to or greater than 100.4 degrees and that I will obtain a negative test for COVID-19 and medical clearance before returning to play after these symptoms resolve.

- I understand that if I test positive for COVID-19, I will not return to or attend any Activity until 10 days after the start of symptoms or the positive test + symptoms reduced or resolved for at least 24 hours (whichever came first) and that I will obtain written medical clearance before returning.

- I understand that the Entities will be implementing Return to Play Procedures and Protocols for each Activity and I certify that myself and my family will follow all rules implemented to include but not limited to all social distancing rules, practice proper hand hygiene, and wearing a mask at all times while at the Activity.

I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the event Director immediately.

GENERAL RELEASE

This form must be read and signed before the participant takes part in the WUSC Invitational Soccer Event (the Event). By signing this form, the participant's Parent/Guardian represents and affirms: that s/he has the power and authority to execute this Medical Release and General Release (the "Release") on behalf of the participant; that s/he has read the Release; and acknowledges having had sufficient opportunity to have the Release reviewed by participant's counsel.

On the behalf of the participant's family, parents, guardians, heirs, successors and assigns, I hereby forever release, discharge, agree to hold harmless, and covenant not to sue Wellesley United Soccer Club, Inc. ("WUSC"), each of its officers, directors, employees, agents, shareholders, members, partners, representatives, and all owners and operators of all sites at which WUSC conducts the Event and their respective affiliates, and all the representatives (collectively the "released parties") from any and all liabilities, harm, claims, costs, demands or causes of action, whether known or unknown ("claims") that I may now have or hereafter have for injuries or damages arising out of my participation in the Event.

I understand and acknowledge that dangers of personal injury are inherent in participating in soccer games and related activities and I expressly and voluntarily assume all risk of death, harm and/or personal injury sustained in the games and related activities, including but not limited to the risks incurred in all these activities and those arising from hidden, latent or obvious defects in any facilities or equipment used. I acknowledge the possibility that neither I, nor my successors may fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. This release is intended to be binding on the participant's family, parents, guardians, heirs and assigns. This release is being signed in consideration of the opportunity to play in the Event. It is an agreement made under seal and is governed by Massachusetts law.

Name of Participant _____

Parent/Guardian Signature _____ Date ____/____/____