



# North River Soccer Association Release and Indemnification

If you have a child that is participating in any program, camp or other event offered by the North River Soccer Association or Tennessee River Soccer Company or which is being conducted at the North River Soccer Complex at Dupont Park, you will need to complete and sign this document.

PLEASE PRINT CLEARLY and FILL IN ALL BLANKS

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Sex: \_\_\_\_\_

Home Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Street Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Parent comments: \_\_\_\_\_

\_\_\_\_\_

## PARENTAL AUTHORIZATION/RELEASE OF LIABILITY

The undersigned parent or legal guardian ("Parent") of the above named child recognizing that the sport of soccer does contain elements of risk and possible injury does hereby consent to and give approval for the above child to participate in any and all activities during the current seasonal year (2005/2006) either sponsored by North River Soccer Association, Tennessee River Soccer Company, or the City of Chattanooga or held at the North River Soccer Complex at Dupont Park ("Sponsored Activity"). Parent assumes all risks and hazards incidental to such participation in any and all Sponsored Activity during the current seasonal year including but not limited to transportation to and from the Sponsored Activity. Parent does hereby waive, release, absolve, indemnify, and agree to hold harmless North River Soccer Association, Tennessee River Soccer Company, and the City of Chattanooga, their officers, board of directors, coaches, assistant coaches and any person acting by or on behalf of any of the above mentioned entities for any claim arising out of or in any way connected with injury the child may receive while participating in a Sponsored Activity. Parent also grants permission for persons associated with above entities to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the child become ill or injured while participating in a Sponsored Activity away from home or at any other time when neither parent nor guardian is available to grant authorization for medical treatment.

## BOTH PARENTS OR PARENT WITH PRIMARY CUSTODY MUST SIGN

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_