



MEDICAL AND LIABILITY RELEASE FORM

As the parent/guardian of _____, I request that in my absence the above 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 of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Birth Date of Player ___/___/___ Date of last Tetanus Booster ___/___/___

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone # _____

Insurance Carrier _____ Policy Number _____

Name of Parent/Guardian _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ FAX _____

Person responsible for charges (if different than above) _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ FAX _____

Person to notify if parent/guardian is unavailable _____

Home Phone _____ Work Phone _____ FAX _____

In consideration of my child being allowed to participate, in any way in the **UNAM-SA TORNEO AMISTAD:**

1. I acknowledge and fully understand that my child may be engaging in activities that involve risk of serious injury, permanent disability, or death, and sever social and economic losses which might result not only from my own actions, inactions or negligence by actions, inaction or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.

2. I assume all the forgoing risks and accept personal responsibility for the damages following any such injury, permanent disability, or death.

3. Intending to be legally bound, I do hereby release, waive, discharge and agree not to sue sponsors of the **UNAM-SA TORNEO AMISTAD**, its affiliates, their respective administrators, officers, directors, agents coaches, and other employees or volunteers of the organization, other participants, advertisers, and owners and leasers of premises used to conduct the event, including without limitation UNAM-SA Soccer Club, Universidad Nacional Autonoma de Mexico San Antonio, Consulado General de México en San Antonio, Ademesa Soccer League and Mission City Youth Soccer Organization, all of which are hereinafter referred to as "releasees," from any and all liability to the undersigned, his or her heirs and next of kin for any claims, demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise in connection with association or entry in and/or arising out of my travel to, participation in, and returning from competition of the tournament.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE AND UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY VOLUNTARILY SIGNING THIS WAIVER.

Signature of Parent/Guardian _____ Date _____