

# KICKS FOR KAITLYN

## CHARITY SOCCER TOURNAMENT & FESTIVAL

David Prouty High School

May 16, 2009

(Rain date: May 30, 2009)

## PLAYER INFORMATION & RELEASE FORM

Division: ALUMNI

### PLAYER INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### CONSENT FOR PARTICIPATION & MEDICAL RELEASE

I, hereby declare that I \_\_\_\_\_ am physically capable of participating in Kicks for Kaitlyn Soccer Tournament. I hereby give my consent for emergency medical care and/or assistance for myself prescribed by a duly licensed doctor of medicine or doctor of dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child. I agree to be responsible financially for the cost of such assistance and/or treatment.

Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge, and/or otherwise indemnify the Kaitlyn Langlois Memorial Foundation, Inc., their affiliated organizations and facilities utilized for the Tournament, against any claim by/or on my or my child's behalf of as a result of my child's participation in Kicks for Kaitlyn.

I voluntarily release and discharge the Kaitlyn Langlois Memorial Foundation, Inc., event sponsors, event charities, event volunteers, owners and lessees of the event premises, and each of their officers, directors, employees, and agents (collectively known as "Event Organizers") from any and all actions, suits, demands and claims of whatever nature in law or in equity (including negligence claims), from any injuries suffered by me or my child while participating in this event or its related activities and further from the loss or damage to personal property by theft, negligence or otherwise.

I attest that my child has read and understands the Tournament Rules & Regulations as set forth by Kicks for Kaitlyn and the Kaitlyn Langlois Memorial Foundation, Inc. My child agrees to abide by the Tournament Rules and Regulations and understands that failure to comply with such Rules and Regulations may result in action including but not limited to penalties, fines, and permanent suspension from the Tournament.

I hereby give consent to the Kaitlyn Langlois Memorial Foundation to take photographs video recordings, and/or sound recordings of my child for the purpose of documenting the Event. I grant permission to use the negative, prints, motion pictures, video/audio tapings, or any other reproduction of the same for educational and promotional purposes in manuals, on flyers, on the World Wide Web, or in other publications.

I hereby acknowledge that I have read this form and understand its provisions. DO NOT SIGN UNTIL YOU HAVE READ AND UNDERSTAND THIS FORM.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_