

**Futsal Medical Release and Liability Waiver**

**Team Name** \_\_\_\_\_ **Coach Name** \_\_\_\_\_

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

MEDICAL RELEASE AND LIABILITY WAIVER. This is to certify that the below named players has my permission to play in the Grand Junction Soccer Club (GJSC) Futsal league. I have listed any known physical or health restrictions on this player's ability to participate in the soccer program. I understand that participation in this sports activity could result in injury to my child and I do hereby release on behalf of myself and my child, GJSC, its employees and agents, volunteers, members, and officials from any liability. As the parent or legal guardian of the above named player, I hereby give my consent for emergency care 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 dependent. GJSC also has my permission to use my child's photo for promotional materials, such as flyers, advertisements, and website content.

<b>Players Name</b>	<b>Medical Condition</b>	<b>Parent/Legal Guardian Signature</b>
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____
_____	yes _____ no _____	_____

If medical condition is yes, please explain on back of form with player's name.