

I. To: **THE MANSFIELD COLUMBUS CUP TOURNAMENT COMMITTEE**

We hereby acknowledge that participation in any soccer competition carries with it potential hazards. We hereby release and hold harmless the 2018 Mansfield Columbus Cup Tournament and its committee members and representatives of, from any liability in the event of injury during play and any claim, action or cost whatsoever arising from participation in practices and games. This release shall also cover any and all participating clubs and organizations sponsoring such tournament.

II. **Photo Release**

We hereby authorize Mansfield Youth Soccer and the 2018 Mansfield Columbus Cup Tournament and its committee members and representatives the publishing of any photographs or video taken of me, my family, and/or our minor children for the use on the Mansfield Youth Soccer and/or the 2018 Mansfield Columbus Cup Tournament website, social media accounts, and/or a photo sharing website (ex. Shutterfly). I release the 2018 Mansfield Columbus Cup Tournament and its committee members and representatives from any expectation of confidentiality for the undersigned minor children and myself, and attest that I am the parent or legal guardian of the children listed below, and that I have the authority to authorize Mansfield Youth Soccer, the 2018 Mansfield Columbus Cup Tournament and its committee members and representatives to use their photographs and names. I acknowledge that since participation in publications and websites produced by Mansfield Youth Soccer, the 2018 Mansfield Columbus Cup Tournament and its committee members and representatives is voluntary, neither the minor children, family members, nor I will receive financial compensation. I further agree that participation in any publication and website produced by Mansfield Youth Soccer, the 2018 Mansfield Columbus Cup Tournament and its committee members and representatives confers no rights of ownership whatsoever. I release Mansfield Youth Soccer, the 2018 Mansfield Columbus Cup Tournament and its committee members and representatives, its contractors and its employees from liability for any claims by me or any third party in connection with my participation or the participation of the undersigned minor children.

III. **CONSENT FOR EMERGENCY MEDICAL AND MEDICAL TREATMENT**

I hereby give consent for my son/daughter to receive emergency medical treatment, which may be deemed advisable in the event of an accident or illness during the 2018 Mansfield Columbus Cup Tournament practices and/or games. If possible, I will be notified by telephone of any emergency treatment required.

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Signature: _____
Participant: _____
Health Ins & No: _____

Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____

Parent/Guardian
Signature: _____
Participant: _____
Health Ins & No: _____