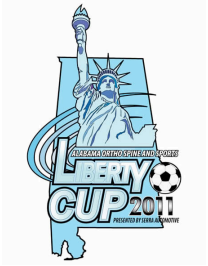

TOURNAMENT PLAYER RELEASE FORM

Elite Challenge: August 13-14, 2011
Soccerfest: August 27-28, 2011

Team Name: _____Age Group: U-_____ Boys ____ Girls ____
Coach: _____Team Contact: _____

For and in consideration of our child's participation in the Liberty Cup Soccer Tournament, We hereby release, acquit, forever discharge, indemnify, and hold harmless, Vestavia Hills Soccer Club, Inc. (VHSC), the City of Vestavia Hills Parks and Recreation, the Alabama Soccer Association, all tournament sponsors, and their respective officers, directors, employees, agents, and representatives of and from any and all claims, demands, actions, or causes of action, liability, or damage arising out of or in any way related to participation of our child in the Liberty Cup soccer tournament and related activities.
We further certify that our child has our permission to participate in the Liberty Cup Soccer Tournament and related activities. In the event of injury or illness to our child, we hereby grant authority to a qualified physician to render such medical treatment as said physician deems reasonable and necessary, and we also accept responsibility for any expense involved with such illness, injury, and treatment.

Player's Name:	Birthdate:	Parent/Guardian Signature:	Date:
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____

This form must be completed and signed by each player's parent/guardian and brought to Tournament Check-In.