

INDIVIDUAL MEDICAL RELEASE FORM

General release of liability and indemnification and consent for emergency medical aid and treatment at all Amsterdam Futbol Club events / appearances to include practices, games, and tournaments.

Player Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____

I, the parent, or guardian of the above-named participant hereby grant approval for his/her participation in all Amsterdam Futbol Club events, appearances to include practices, games, tournaments, and related activities. I understand that by allowing participation in said practices, leagues, tournaments, and related activities, I assume all risks and hazards incidental to such participation including, but not limited to, transportation to and from the activity. I also agree to waive, release, absolve, indemnify, and hold harmless the Amsterdam Futbol Club, including its organizers, sponsors, supervisor, participants, volunteers, members, agents, servants, or employees, for any injury, claim, or loss arising from or at said activities. **I further acknowledge that by signing this release I give permission and assume financial responsibility for the treatment and care of my child for any injury, sickness, or condition requiring medical treatment or medical attention during said activities.** This release is voluntarily signed and provided as consideration for my child being allowed to participate in said activities.

Parent/Guardian Name _____

Parent/Guardian Signature _____

Relationship to Child _____ Date _____

5/2023 – 6/2024