

AUTHORIZATION TO PLAY, MEDICAL RELEASE & WAIVER FORM

With the signature below, permission is granted for _____
to participate in all practice sessions, games, and other activities involving the Magnolia Soccer Club
(MSC) during the _____ season. This permission extends to any travel to and from any and all practice
sessions, games, and other activities sponsored and arranged by the MSC.

This permission is granted without reservation. Recognizing the risks presented by the competitive
contact sport of soccer, the signature below indicates a knowing, voluntary release of any claim which
might be asserted against the MSC, its officers, administrative assistants, coaches, assistant coaches,
managers, sponsors, chaperones, referees, designated drivers, volunteers, and any other agents
representing the MSC or Seattle Youth Soccer Association, the local league organization of which
MSC is a member. By waiving any right to assert a claim, I am agreeing to release, absolve,
indemnify and hold harmless any and all parties previously mentioned for any and all liability arising
from injuries incurred by participant in relationship to the sponsored and arranged activities of the
MSC. My waiver expressly means that I, the participant's legal parent or legal guardian, accept and
assume all risks and hazards inherent in and related to the activities of the MSC, including any travel to
and from any activities sponsored and arranged by the MSC.

This permission also includes my agreement to abide by all the rules and regulations of Magnolia
Soccer Club.

This permission also includes my authorization for emergency medical treatment deemed appropriate
and necessary by any coach, assistant coach or representative or agency thereof, for participant,
including transport to the nearest medical facility adequate to treat the emergency.

Allergies and/or Medical Conditions:

Emergency Contacts:

**I have read this Authorization to Play, Medical Release & Waiver, and acknowledge that I
understand and agree to be bound by it.**

Date _____ Signature _____

(parent or guardian)

Printed name _____