Liability Release Form

We, the parents/guardians of the minor child specified below, do hereby authorize _____, any one of the designated coaches of the _____ soccer team, officials and coaching staff of the Tucker Youth Soccer Association and officials of any USYSF affiliated league our child visits, in the event of an emergency when I/we are not immediately available, to consent on my/our behalf to any emergency treatment and hospital care, to be rendered to the minor child under the general or special supervision and on the advice of any physician, surgeon, or dentist duly licensed to practice. I/We further, jointly and severally, as parents and guardians of the minor child, release and discharge the Officials from any and all liability, claims or demands arising from their actions in such emergency.

Child's Name	Parent / Guardian Signature	Comments / Special Instructions
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.
.	.	.