



South County Youth Soccer Club  
P.O. Box 109 Wakefield, RI 02879  
Email: [seaside@scyssc.org](mailto:seaside@scyssc.org)

## 2024 SEASIDE CLASSIC MEDICAL & LIABILITY RELEASE WAIVER

In consideration of my child participating in the 2024 South County Youth Soccer Club (SCYSC) Seaside Classic Soccer Tournament, and any of its affiliated or related activities, (collectively, the "Tournament") I agree to all the following terms. I hereby acknowledge that participation in soccer competition carries with it potential hazards, including, but not limited to, harm caused by collision with another player or equipment; harm caused by incidents during travel to and from the Tournament and dehydration during practices, warmups, or games.

In spite of the risks involved in participating in the Tournament I, AND ON MY CHILD'S BEHALF, FREELY AND VOLUNTARILY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY OR DAMAGE, AND ACKNOWLEDGE THAT PARTICIPATION IN ATHLETIC ACTIVITIES INCLUDES POSSIBLE EXPOSURE TO AND ILLNESS FROM INFECTIOUS DISEASES, INCLUDING COVID-19 and therefore, fully and forever release and discharge the South County Youth Soccer Club, its Board of Directors, parent and/or affiliated organizations and sponsors, volunteers and associated personnel, the officers and officials of the Tournament, fields and facilities, and any town, city, school, college, university, organization or sponsor associated with the Tournament, vendors and suppliers, and each of their respective affiliates, directors, officers, owners, employees, agents and insurers (collectively "Sponsor") of any and all loss, damage, claim (including negligence claims), demand, lawsuit, expenses and any other liability of any kind to me, my child, my property or any other persons arising directly or indirectly out of or in connection with my or my child's participation in the Tournament. I will defend, indemnify, hold harmless and reimburse Sponsor from and for all claims against, and damages, losses, costs, or expenses (including legal fees) incurred or paid by, Sponsor to any person (including me or my insurers) in respect of any accident, injury (including death), sickness, loss, or property damage, however caused resulting from, arising out of, or otherwise in connection with my or my child's participation in the Tournament. I will not initiate any claim, lawsuit, court action, or other legal proceeding or demand against Sponsor, nor join or assist in the prosecution of any claim for money or other damages which anyone may have, on account of injuries (including death), sickness, losses, or damages sustained by me, my child, other parties, or my, my child's (or others') property in connection with my participation in the Tournament, and I waive any right I may have to do so. I waive my insurers' right to make a claim against Sponsor based on payments by insurers to me or on my behalf for any reason.

I hereby give consent for my child to receive emergency medical treatment which may be deemed advisable in the event of an accident, illness or injury during the Tournament and I understand that I am responsible for all costs related to such medical treatment, medical transportation and/or evacuation.

By allowing my child to participate in the Tournament, I grant my irrevocable consent to South County Youth Soccer Club, its successors, assigns, and licensees ("Beneficiary") taking photographs of my child and property during his or her participation in the Tournament and to use and publish the same in print, websites, social media channels and/or electronically. I further agree that Beneficiary may use such photographs of my child for any lawful purpose, including as publicity, illustration, advertising, and Web content. All photographs or other recordings of the Tournament, whether or not involving my child, and any works derived therefrom, shall be the sole property of Beneficiary and I and on behalf of my child waive any and all rights of publicity, privacy, or other rights therein.

**\*BY SIGNING ON PAGE 2 (SIGNATURE PAGE) OF THIS DOCUMENT, I/WE, BEING THE PARTICIPANT'S PARENT(S)/LEGAL GUARDIAN(S), CERTIFY THAT I/WE HAVE READ THE ABOVE MEDICAL & LIABILITY RELEASE WAIVER, FULLY UNDERSTAND ITS TERMS AND AGREE TO BE BOUND BY IT.**



## 2024 SEASIDE CLASSIC MEDICAL & LIABILITY RELEASE WAIVER SIGNATURE PAGE

(The terms of the 2024 Seaside Classic Medical & Liability Release Waiver on page 1 are incorporated by reference herein as if fully set forth)

Coach Name: \_\_\_\_\_ Team Name, Age, Gender Division: \_\_\_\_\_

Club Name: \_\_\_\_\_ Coach Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### PLAYER AND PARENTS/LEGAL GUARDIAN

Jersey #	Player Name:	Parent/Legal Guardian Signature:
Jersey #	Player Name:	Parent/Legal Guardian Signature:
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