



LOVE TO COMPETE 2009

MEDICAL/PHOTO RELEASE FORM

1. General Release

I hereby acknowledge that participation in soccer competition carries with it personal hazards. I, therefore, release the Peter French Memorial Foundation, the officers and officials of the tournament, the Town of Winchester, and any other organization or entity associated with the tournament of liability in the event of injury during Love To ComPete 2009.

2. Consent for emergency medical aid and medical treatment

I hereby give consent for the participant named below to receive emergency medical treatment which may be deemed advisable in the event of an accident or illness during Love To ComPete 2009.

3. Photo Release

I give the Peter French Memorial Foundation permission to publish any photos taken during Love To ComPete 2009 that include me/child provided that there is no accompanying identification other than a team name.

Participant's Name (please print): _____

Team Name: _____

Participant's Signature: _____

Participant's Date of Birth: _____

Parent/Guardian's Signature (if under 18): _____

Emergency Contact Name: _____

Emergency Contact Number: _____

Date: _____

OFFICE USE ONLY:

RECEIVED BY: _____

DATE: _____