

Gates Youth Soccer League, Inc.
Event Liability Release Form
For Metros Soccer Tournament (the event)



I _____, coach/manager/representative for the team _____ acknowledge that I will have in my possession, for the duration of all activities occurring while the team participates in the event, individual [medical release forms](#) for each player (regular or guest) who participates with the team. Furthermore, I acknowledge that an individual player "Hold Harmless" (HH) waiver has been recorded by the event administration, one HH waiver for each player participating with the team for the event. I agree to not permit any player to participate with the team, during the event, unless all appropriate waivers and player credentials have been recorded with the event administration. I acknowledge that only regular or guest players with the appropriate NYSWYSA credentials and insurance will participate with the team during the event. I acknowledge that blank waiver forms are available on the [event web site](#) for my access and use for this purpose. As coach/manager or representative for the team, I acknowledge that providing the event administration with valid waivers, release forms, and player credentials for each player on the team is the representative's responsibility. **I acknowledge that all waivers are signed by the player's parent or legal guardian and those waivers include a Release of Liability clause and Consent for Medical Treatment similar to ones that follow.**

Release of Liability (if your player release form does not have this, then you must use our form instead)

Recognizing the possibility of injury associated with soccer and in consideration for the USSF/USYSA and its affiliates accepting the above-named player for its soccer program and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and personnel, including the owners of the fields and facilities utilized for the League/Tournament contents against any claim by or on behalf of the player as a result of the player's participation.

Consent for Medical Treatment (if your player release form does not have this, then you must use our form instead)

As the parent or legal guardian of the above-named player, I request that in my absence my child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

I, the signee, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE** Gates Youth Soccer League, Inc., its officers, officials, agents and/or employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (RELEASEES), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE**, to the fullest extent permitted by law.

I Agree to Help Protect the Participants and Spectators

I acknowledge that the event host has posted safety guidelines pertaining to health risks and injury on the [event website](#) and that those guidelines are subject to be updated before or during the event. I will encourage the team, staff, and its spectators to abide with all safety guidelines defined by the event administration, and the owners and lessors of premises used to conduct the event. I will share the New York State recommendation that attendees (not involved in game play) wear a face covering, or that they maintain a safe physical distance (six feet) from other participants and spectators at all times.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Signature _____ Date _____
team representative



GATES METROS / GATES YOUTH SOCCER, INC.