ETA Soccer Park Release of Liability and Consent for Medical Treatment

General release of liability and indemnification and consent for emergency medical aid and treatment

Team Name:_____ Representative Name:_____

I, as the parent or guardian of the participant named above, hereby grant permission for their involvement in training, games, and other activities at ETA Soccer Park in Centereach, New York. I acknowledge and accept all risks associated with such participation, including transportation to and from the park. Additionally, I waive, release, and hold harmless ETA Soccer Inc, Our Savior Lutheran Church, along with all organizers, staff, trainers, affiliates, sponsors, supervisors, participants, volunteers, members, agents, and employees, from any injury or loss arising from the aforementioned event or activity. This release is provided in exchange for allowing our child to partake in said events and activities at ETA Soccer Park. Furthermore, I authorize any necessary medical attention to be administered to my child in case of injury or illness, until I can be reached. I agree to assume all financial responsibility for any incurred expenses.

Player's Name	Parent's Signature	Telephone Number	Date