

# Cedar Valley Soccer Club



## CVSC Medical Waiver Form

Team Division: \_\_\_\_\_ Team Name: \_\_\_\_\_  
Player 1 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 2 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 3 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 4 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 5 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 6 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 7 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 8 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 9 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 10 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 11 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 12 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 13 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 14 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 15 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_  
Player 16 Name: \_\_\_\_\_ Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_ Team Manager: \_\_\_\_\_

### Waiver of Liability and Disclaimer:

I, the parent, or guardian of the above-named individual, acknowledge that participation in athletic events necessarily involves risk of physical injury. I further acknowledge that the programs of the Cedar Valley Soccer Club (CVSC) are primarily administered by parents who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation in the CVSC Tournaments, I hereby release, discharge, and hold harmless the Cedar Valley Sportsplex and CVSC, their employees, volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the CVSC sponsored Tournaments.

### Consent for Medical Treatment:

As the parent or legal guardian of the above participant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or wellbeing of my dependent.

### Promotional Release:

CVSC has permission to use any photos/videos taken of the above participant during his/her participation in the CVSC sponsored tournaments for the Club's promotional materials.



CVSC - PO Box 391 - Cedar Falls, IA 50613

[www.cedarvalleysoccerclub.org](http://www.cedarvalleysoccerclub.org)

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