

WAIVER OF LIABILITY AND MEDICAL RELEASE

I, _____, the parent/guardian of _____, who is interested in trying out for a team or teams to be fielded by the _____ School in the Middle School Soccer Program of Greater Knox County, hereby release _____ School, the Middle School Organization, the coach(es), the manager(s) and any other individual or organization contributing to this effort, or anyone related to the organization, including specifically, all officials with the Middle School Organization, from any accident, injury or harm that may occur to _____ as a result of his/her participation in tryouts, practices, scrimmages or games surrounding this soccer activity or as a result of my child or any other child wearing his/her eye glasses during such activity.

If you are selected to participate on the _____ team, upon registration with the organization which will occur on or before _____, you will be covered by insurance; until such time, you are not covered by insurance provided through participation in the Middle School Program.

However, by your signature hereinbelow, you hereby release the above organizations and any and all individuals associated with same, and assume any and all liability that may occur as a result of any injury, illness or for medical expenses that may be associated with your child's participation in tryouts and specifically on any team.

Printed Name of Parent/Guardian

Signature

Date