



**COMBINED LIABILITY/  
MEDICAL RELEASE FORM**  
2010 Dublin Charity Cup Soccer Tournament

**Team Name:** \_\_\_\_\_ **Age Group/Gender:** \_\_\_\_\_

In consideration of the furtherance of your purposes, objectives and aims, and of your permitting me to participate in your tournament, on behalf of myself, my heirs, executors, administrators and assigns, I hereby waive and release and forever discharge all rights and claims for damages and/or otherwise indemnify the Dublin Charity Cup, Inc., the Dublin Soccer League, Inc., the City of Dublin, Ohio, as well as any other person, sponsor, employees, board members, agents, associated personnel, organization or corporation, their heirs, executors, administrators, and assigns who are providing services or assistance as a result thereof against any claim by myself, or on behalf of the registrant, siblings or wards as a result of the registrant's participation in the Dublin Charity Cup. In my absence, I hereby give consent for emergency medical transport and care as prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry and agree to be responsible for all associated costs. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. By participating in this tournament, the Dublin Charity Cup may use photos or videos taken of games and surrounding activities for publicity unless otherwise specified by the parent/guardian, in writing.

**Players must have the release form signed by a parent or guardian.**

Player's Printed Name	Parent/Guardian Signature	Date
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____
11. _____	_____	_____
12. _____	_____	_____
13. _____	_____	_____
14. _____	_____	_____
15. _____	_____	_____
16. _____	_____	_____
17. _____	_____	_____
18. _____	_____	_____