



Sun Prairie Soccer Soccer Club
EVENT MEDICAL RELEASE FORM

Player Name:	Date of Birth:
Parent Name (if under 18 years old):	
Contact Phone:	Email:
Emergency Contact Name:	
Contact Phone:	Email:
Medical Conditions/Allergies:	

This Personal Injury Waiver (the "Waiver") is made by the undersigned for the purpose of participating in programs managed by Sun Prairie Soccer Club (SPSC). There are risks connected with my participation in this event and its related activities (risks may include but not limited to muscle injuries, heat and stress-related issues, cuts, lacerations, and broken bones). This waiver includes not only players but also all family members, friends and anyone else who may be attending the event.

I release and discharge SPSC and event sponsors, organizers, and the workers, employees, and directors from all action, suits, and demands whatsoever in law or in equity, including but not limited to, the risk of personal injury from playing in the event and the risk of loss of personal property by theft or otherwise.

Further, I hereby grant full permission for event organizers to record any or all of my participation in this event for promotional purposes, without any reimbursement of any kind due to me. This waiver will be available at every team check-in and will need to be signed before you are able to play.

Code of Conduct

With my signature I/others associated with this team agree to conduct ourselves in a respectful/sporting manner, which includes accepting all decisions of the officials and tournament directors. All tournament officials' decisions are final. Any and all conduct deemed unsporting, I agree that I/team could receive penalties including but not limited to forfeiture or the dismissal from this event and possible future events.

Signature: _____

Date: _____

Parent/Guardian signature is required if player is under 18 years old