

**LAKE HIGHLANDS GIRLS CLASSIC LEAGUE**  
**THIS RELEASE MUST BE SIGNED**  
**BY PLAYER'S PARENT OR LEGAL GUARDIAN AND NOTARIZED**

This form (or a similar form used by your team) must be presented at the tournament Coaches'/Managers' meeting for participation in the tournament. Players without a signed and notarized medical release form will not be allowed to play. **Keep this form with the team at all times!**

**PRINT THIS FORM, MAKE COPIES AND HAVE SIGNED AND NOTARIZED FOR EACH PLAYER; PRESENT ALL RELEASE FORMS AT THE COACHES'/MANAGERS' MEETING**

**RELEASE OF LIABILITY**

In consideration of my daughter being allowed to participate in The LHGCL Qualifying Tournament, I agree to release, waive, and covenant not to sue the United States Soccer Federation, United States Youth Soccer Association, North Texas State Soccer Association, Lake Highlands Girls Classic League, or any of the officers, directors, commissioners, volunteers, or anyone connected in any way with Lake Highlands Girls Classic League, (the "Associations or its members") because of any injury, death, illness, or property damages alleged to be caused in whole or in part by the Associations' or its members' actions or omissions, either individually or collectively.

**MEDICAL RELEASE**

I agree to allow my daughter, \_\_\_\_\_, to participate in all activities with the \_\_\_\_\_ soccer team while participating in The LHGCL Qualifying Tournament. If for any reason I am not available, I hereby give permission to the Coach, Manager, or any other representative of the above team, OR any representative of The LHGCL Qualifying Tournament Committee or corps of volunteers for The LHGCL Qualifying Tournament to seek, obtain, and authorize any and all emergency medical treatment due to accident and/or illness, or any other incident giving rise to the necessity for medical treatment given under the direction of a duly licensed doctor of medicine or doctor of dentistry.

**I have read the above Release of Liability and Medical Release and recognize that I give up substantial rights by signing, and knowingly assume the risk of participation in the tournament.**

\_\_\_\_\_  
Player's Signature (if 18 years old or older)

\_\_\_\_\_  
Parent or Legal Guardian's Signature  
(if player is under 18)

Please print legibly:

Team Name: \_\_\_\_\_

Age Group: Under - \_\_\_\_\_

Player's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )

)

COUNTY OF \_\_\_\_\_ )

SUBSCRIBED AND SWORN TO before me, the undersigned authority, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_