EVENT: _____ DATE: _____

MEDICAL CONSENT – LIABILITY WAIVER

I, the undersigned parent/guardian of the below named minor, hereby give my consent for all medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent. And do for ourselves, executors, administrators, and heirs, agree to hold harmless and indemnify The Taylor Creek Youth Organization, member start and local associations, member leagues, member clubs, officers, officials, coaches, referees, mangers, owners of fields and facilities utilized, or any sponsor for any claims that might be asserted by us or our child as a participate in games, practices, camps or tournaments. I hereby agree to the terms and conditions of the contract.

Parent/Guardian Player