Manchester Athletic Association
Release and Waiver – Power of Attorney for Consent to Medical Care – Roster

Team Name: _____ Manager's Name: _____ Division/Age Group: _____
Manager's Home Phone: _____ Manager's Work Phone: _____ Manager's E-Mail: _____
Manager's Street Address: _____ City: _____ State: _____ Zip: _____

RELEASE and WAIVER

The undersigned, being the parent or legal guardian of the Player named below, as Inducement for and in consideration of the agreement by Manchester Athletic Association (MAA) that the Player may take part in athletic activities organized or sanctioned by MAA, hereby agrees and covenants that MAA and its officers, directors, employees and agents **shall not be liable in any way** for any personal injuries, including death, or damage to property that the Player may sustain or cause in any manner which results from or arises out of the Player's preparation for or participation in such activities. **The undersigned hereby fully and forever release and discharges and covenants not to sue** MAA and its officers, directors, employees and agents from any and all claims, demands, damages, rights of action or causes of action, present or future, whether known or unknown, anticipated or unanticipated, resulting from or arising out of the Player's preparation for or participation in such activities. **The undersigned acknowledges and assumes full responsibility for, and risk of, such personal injury, including death, and damage to property and for all medical and other expenses incurred as a result of the Player's activities.**

The undersigned agrees that prior to participating in or preparation for such activities, they each will inspect the facilities and equipment to be used, and if they believe anything is unsafe, they will immediately advise their manager, coach or supervisor of such condition(s) and refuse to participate in or prepare for such activities. **This Release and Waiver shall be binding on the heirs, executors, administrators and assigns of the undersigned and the Player. The undersigned hereby certifies that he/she has read and fully understands this Release and Waiver.**

POWER OF ATTORNEY FOR CONSENT TO MEDICAL CARE

The undersigned, being the parent or legal guardian of the Player named below, hereby authorizes Manchester Athletic Association (MAA) and/or the bearer of this document, or a copy of same, to consent to any kind of medical care that he or she may deem necessary or appropriate, including, but not limited to, treatment for fractures, cuts, abrasions, surgery, blood transfusions and the administration of drugs. In order to assure that the player receives prompt medical care and treatment when necessary, the undersigned hereby release any and all health care provider who provides said service to the Player in reliance on this Power of Attorney, from any and all claims, suits, or liabilities arising out of or with respect to said treatment. **This Power of Attorney is dated below and shall be valid for one year from said date.**

Player's Name	Date of Birth	Player's Signature	Street, City, Sate, Zip	Signature of Parent/Guardian

I Certify that I was present and did witness the signatures above and that said signatures are true and valid to the best of my knowledge and belief.

Manager's Signature: _____ Date: _____