

**Victory Soccer Academy  
Medical Release Form  
Litchfield**

I understand that injuries are a possibility as a result of this activity. I agree not to hold the Town of Litchfield, the Litchfield Parks and Recreation Department, The Litchfield Soccer Club, or anyone associated with the program harmless for any responsibility or liability for any injuries or property damage, which may arise from my child's participation in this program. I also understand and agree that my own medical and/or disability insurance will be used in the event of any injury, or that I will be directly responsible for any medical cost.

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Signature of Parent or Guardian