



Boston Elite Soccer Tournament  
Player Participation Waiver

I certify that my child is in excellent physical health, and may therefore participate in strenuous activities such as soccer. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release Massachusetts Premier Soccer (MPS) LLC as owners of the B.E.S.T. and all their affiliated entities from any liability claims, demands and causes of action to personal injury, property damage and/or loss suffered by my child in connection with his/her participation in B.E.S.T.

I agree that MPS may photograph/film my child during the B.E.S.T. and that they retain the rights to the use of these visual images in any matter they wish without compensation to my child.

I confirm that I am a Parent/Guardian of the minor named below, and I, and the minor named below, agree that the grant and release contained therein binds the minor(s) and myself to all of its terms.

Child Name (s)

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Parent Name

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Parents Signature

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Date

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Boston Elite Soccer Tournament  
Address: 85 Central Street, Waltham, MA 02453

Tel (781) 891-6900 ex15

Fax (781) 891-6910

EMAIL: mwalker@mpsbr.com