Name of Camper / Athlete _____
Last/ First/ M.I.

□**Camper**
□**Staff**

Middlebury Soccer Camps, LLC
Medical / General Release Form

Name of participant (PRINT): _____

Telephone Number: _____ E-Mail Address: _____

Mailing Address: _____

Emergency Contact: _____(Relationship)_____

Telephone Number: _____ E-Mail Address: _____

Mailing Address: _____

Is there any medical aspect we need to know about? If yes, please provide an explanation below.

_____

Please list any allergies below:

_____

Do you use rapid administrated medications such as an EpiPen or inhaler? □ **No** □ **Yes** (if yes please list)_____

Name of Insurance Company _____
Insurance Policy No._____(Please include copy of insurance card with form)
Family Physician or Clinic_____Phone:_____
Address: _____

Name of Camper / Athlete _____

Last/ First/ M.I.

RELEASE STATEMENT

I recognize that the games of soccer and associated training are physical activities during which injuries may occur. I certify that I am in good physical health.

I desire to participate in Middlebury Soccer Camps, LLC activities. I understand, fully appreciate, and am willing to accept the dangers, hazards and risks inherent in the activities including, but not limited to, the possibility of injury or illness, including serious injury, paralysis, traumatic brain injury, or death, as well as property damage.

I understand that I am not required to participate in Middlebury Soccer Camp, LLC activities but want to do so, despite the known dangers, hazards, and risks. I hereby agree to abide by all rules and instructions governing the activities. I hereby affirm that I have no health-related conditions that preclude or restrict my participation in these activities, and I agree that, if any such conditions develop, I will inform Middlebury Soccer Camps, LLC about them. I also affirm that I have adequate health insurance to provide and pay for any medical cost incurred as a result of my participation Middlebury Soccer Camp, LLC activities.

I am not relying on Middlebury Soccer Camps, LLC to supervise or control my participation in the activities, or to warn me of every possible danger associated with it. I understand I am solely responsible for assessing my own skills and abilities to participate safely in the activities. Knowing the dangers, hazards and risk and in consideration for being allowed to participate, on behalf of myself, my family, estate, heirs, executors, administrators and assigns, I hereby accept all dangers, hazards and likes that may result from my participation.

RELEASE: I release Middlebury Soccer Camps, LLC, Middlebury College, their owners, officers, its employees and agents from any and all claims, suits, and expenses for loss of or damage to my property and for any illness or injury to me, including my death, that may result from or occur during my participation in Middlebury Soccer Camps, LLC activities, whether caused by the negligence of Middlebury Soccer Camps, LLC, its employees or agents, otherwise, to the fullest extent allowed by law.

I further agree to indemnify and hold harmless Middlebury Soccer Camps, LLC, its employees, and agents, from all liability, claims, suits and expenses that may arise out of my own negligent or intentional acts or omissions, while participating in the activities of Middlebury Soccer Camps, LLC, and I assume full responsibility for my own actions.

MEDICAL AUTHORIZATION: I request and authorize physicians, dentists, and staff or other such licensed technicians, nurses, or other health care professionals to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue from the above-named player

I HAVE CAREFULLY REVIEWED THIS "MEDICAL / GENERAL RELEASE FORM" AND I HEREBY CONFIRM MY UNDERSTANDING OF ITS CONTENTS AND AGREE TO BE BOUND BY ITS TERMS AS A CONDITION OF MY PARTICIPATION IN MIDDLEBURY SOCCER CAMPS, LLC ACTIVITIES.

I □am □am not 18 years of age or older. (Please check as appropriate.)

Participant Signature:_____ **Date:**_____

If minor child:

Parent/Guardian Signature:_____**Date:**_____

Parent/Guardian Name (PRINT):_____