



# LOUDOUN

S O C C E R

## Emergency Medical Release & Liability Waiver

Participant's Name \_\_\_\_\_

Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_

Zip \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not available, please contact the following:***

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions:

Physician \_\_\_\_\_ Office Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_

Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES.**

**Liability Waiver:**

**RELEASE INDEMNITY & HOLD HARMLESS AGREEMENT**

I, the undersigned parent/legal guardian of:

\_\_\_\_\_

Authorize my son/daughter to fully participate in the Loudoun Soccer (LS) Residential Summer Camp to be held at Foxcroft School July 13-16 and July 20-23, 2014, including participation in all camp activities. It is my understanding that participation in the activities at the LS camp at Foxcroft is not without an inherent risk of injury. In consideration of my son/daughter's participation in the LS Residential Camp at Foxcroft, I hereby release, waive, discharge, and agree not to sue LS, its Directors or Administrators, College Coaching staff participants, LS coaching staff, Foxcroft School, including without limitations, its officers, directors, trustees, employees, agents, students, and affiliates from any and all liability, claims, demands, action, and clauses of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may have been sustained by my son/daughter, whether caused by the negligence of the releases, or otherwise while participating in such activity, or in, or upon the premises where the activity is taking place. We, the undersigned, acknowledge we understand LS's residential soccer camp is a private sports camp and is not operated by or through Foxcroft School. The camp is neither sponsored, controlled, nor supervised by Foxcroft, but rather under the sole sponsorship, control and supervision of LS. I hereby authorize the staff of LS to act on my behalf using their best judgment in any emergency requiring medical attention or medical care by a physician, hospital medical facility that may be required, including transport, during the specific camp session my son will be attending.

My signature/electronic check on this waiver also states that the above named camper is covered by my personal medical insurance policy. Furthermore, I will be solely responsible for any and all costs of medical attention and treatment under my insurance policy and recognize that no part of any excess will be covered by any of the releases as named above.

Furthermore, I authorize LS to use any photographs taken during the camp session on future marketing brochures, websites or advertisements.

Parents/Guardians Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Parents/Guardians' Signature is required if participant is under t8)*

Participant's Signature \_\_\_\_\_

Date \_\_\_\_\_

*(Participant's Signature is required)*

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**