



Filetsports Soccer Camp 2015

Medical Liability Form

To: Filetsports

Event or Activity: Filetsports Soccer Camp 2015

Participant: Male

I understand that participation in the above event or activity could include actions or tasks which might be hazardous to the participant named above.

By signing below, I assume, any risk of harm or injury which might occur to the participant due to his/her/my participation in the event or activity. I release the organization or business named above from all liability, costs and damages which might arise from participation in the above named event or activity.

If the participant is a minor, I agree that the minor has my consent to participate in the event. I further provide my consent for the organization or business named above to seek emergency treatment for the minor if necessary. I agree to accept financial responsibility for the costs related to this emergency treatment.

Sign Here if Participant is an Adult

Signature of Participant:

Date:

Sign Here if Participant is a Child

Name of Parent or Guardian:

Signature of Parent or Guardian:

Date: