

# Eric Bell Soccer Academy

## *MEDICAL RELEASE FORM*

*Please read the following agreement carefully before signing.*

### CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. I understand that there is a risk in participating in any sport, including Eric Bell Soccer Academy Camps, a risk of injury, including but not limited to serious permanent injury, paralysis, and death. To minimize the risk of injury, I agree to tell my child to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches as soon as the problem begins.
2. By signing below, I certify the following:
  - That my child is not currently under the care of a physician for an injury or illness that would prevent his/her safe participation in soccer camp.
  - That my child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her participation in soccer camp.
  - That my child has no history of fainting or other problems related to strenuous exercise.
  - That my child is in good health and there is no reason he/she cannot safely participate in strenuous physical activity.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### CONSENTS:

1. By my signature below, I hereby give permission for the Eric Bell Soccer Academy employees and agents to obtain medical treatment for my child, \_\_\_\_\_ (child name), in the event of accident or illness during his/her time at camp.
2. By my signature below, I hereby give consent to have my child be photographed or videoed during camp activities, and I agree that the images so obtained may be used for education and public relations purposes by Eric Bell Soccer Academy.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**RELEASE:**

1. I do hereby agree that I am and shall be responsible for all costs associated with any injury or loss that may be sustained by my child as a result of his/her participation at soccer camp. I also certify that I have health insurance which provides adequate coverage for injuries and illness my child may sustain while participating at Eric Bell Soccer Academy.
2. By my signature below, I also agree to release and promise not to sue Texas Christian University, Eric Bell Soccer Academy, or their employees or agents, for any damages, loss, injury, or death arising from my child's participation in the Eric Bell Soccer Academy.

**Parent/Guardian Signature:**\_\_\_\_\_

**Date:**\_\_\_\_\_