

## Consent for Medical Treatment/Liability Release

Soccer is at times a physical, contact sport. As the parent or guardian of the player enrolled in Conquerors League Soccer Academy's program, I understand that these programs, activities, games and training elements are hazardous by nature and I understand and assume all risks of injuries arising from participation. My signature below confirms that I understand these risks, knowingly enter into this agreement, and that I release, indemnify and hold harmless Conquerors League Soccer Academy, its directors, employees, staff and agents from any claim, suit, demand or action arising in connection with the player's participation.

Personal medical insurance is required. My signature below confirms my acknowledgment of this requirement and my representation that the player is so covered by medical insurance. If the player requires medical attention, every effort will be made to contact the player's parents, guardians or emergency contacts prior to the delivery of such services. In the event of an emergency, however, exigency may necessitate medical services being provided to the player prior to informing the parent or guardian. By signing below, I indicate my understanding and acceptance of such an emergency. Further, I assume responsibility for any costs incurred in treating the player. I waive any claim of liability or responsibility against Conquerors League Soccer Academy related to the quality or cost of medical services provided.

The player's parent or guardian is responsible for any property damage caused by the player. If a player's property is lost or stolen, Conquerors League Soccer Academy will make every effort to locate it. However, Conquerors League Soccer Academy accepts no responsibility for the loss or damage to a player's property.

I give permission to Conquerors League Soccer Academy to use the player's picture or likeness in promotion of Conquerors League Soccer Academy camps in printed or electronic media. I renounce any claims upon Conquerors League Soccer Academy for reimbursement for the use thereof.

By my signature below, I affirm that I have read and accept Conquerors League Soccer Academy's Policy Statements.

The laws of the Commonwealth of Virginia control in all matters related to this release.

***Please sign below and bring with you to first day of camp***

Print Player/Child's Name: \_\_\_\_\_

Print Parent/Guardian's Name: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Contact phone in case of emergency \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Player: \_\_\_\_\_