



MEDICAL INSURANCE INFORMATION AND LIABILITY WAIVER FORM

INDIVIDUALS ATTENDING TRAINING OR CAMPS MUST PRINT, COMPLETE
AND PRESENT THIS FORM AT CHECK IN

No person will be permitted to participate without proof of their own medical insurance coverage.

RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, INDEMNITY AND PARENTAL CONSENT AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to participate in any way in the activity for which I have registered/ applied for inclusion ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin: ACKNOWLEDGE, agree, and represent that I understand the nature of said Activities and that I am qualified, in good health, and in proper physical condition to participate in such

Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity. FULLY UNDERSTAND THAT: (a) SAID ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Mifflin County Soccer Club and their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

MEDICAL COVERAGE/HEALTH INSURANCE INFORMATION

All participants must have their own medical coverage. Participants MUST have this form signed by their legal guardian.

INSURANCE COMPANY _____ POLICY NUMBER _____ Any

medical concerns or past history should be made aware to Mifflin County Soccer Club by way of additional written information including, but not limited to, prescription medications, allergies, recent injuries/surgeries etc. I/We the undersigned, hereby certify that I/We are/am the above participant or the parent or legal guardian of the above participant. I hereby give permission to Mifflin County Soccer Club, its director and staff to seek and provide appropriate medical attention for myself or to my child during Mifflin County Soccer Club activities. I will be solely responsible for all costs arising out of any accident, injury or illness suffered during Mifflin County Soccer Club activities. I also give permission for mine or my child's photograph to appear in Mifflin County Soccer Club promotional material regarding present and future programs.

PARTICIPANT NAME _____ D.O.B. _____

ADDRESS _____

PHONE _____

SIGNATURE OF PARTICIPANT, ADULT, PARENT OR GUARDIAN _____