

IPS Academy & Competitive Camp

PARENT/GUARDIAN CONSENT / PLAYER MEDICAL RELEASE FORM

Player's Name: _____
Date of Birth: _____ Gender: _____
Address: _____
City: _____ State: _____ Zip: _____
EMERGENCY INFORMATION Parent/Guardian Name: _____
Home Phone: _____ Work Phone: _____
Parent/Guardian Name: _____
Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____
Home Phone: _____ Work Phone: _____
Name: _____
Home Phone: _____ Work Phone: _____
Allergies: _____
Other Medical Conditions: _____
Player's Physician: _____
Office Phone: _____
Medical and/or Hospital Insurance Company: _____
Phone: _____
Policy Holder: _____
Policy #: _____
Group #: _____

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS

*****FORM PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE*****

In connection with the event and as a result of the participation of myself or my son/daughter and/or transportation to or from the Programs, I, on behalf of myself or my son/daughter, forever release, acquit and discharge from all known obligations, losses, damages, liabilities, injuries, claims, demands, actions, causes of actions and expenses, including without limitation, attorney's fees and costs, the following persons or entities: The IPS Academy / Competitive Camp, its members, member organizations and sponsors, their employees, associated personnel, and volunteers.

In consideration of being permitted to use Field For Kids in La Crosse, Wisconsin ("FFK") for youth soccer training and league play, the undersigned family members and players hereby acknowledge and agree that they, he/she undertake such participation at their, his/her sole risk, and that the Rush WI West ("RWW, its officials, officers, employees, or authorized representatives or volunteers, collectively, the "Released Parties") shall not be liable for any claims for injuries or damages whatsoever to person or property of the undersigned arising in any manner out of their, his/her use or participation in events at FFK. In further consideration of being permitted to participate in described event for any purpose including, but not limited to, observation, use of facilities or equipment, or participation in any way, the undersigned hereby agrees to the following: The undersigned hereby releases, waives, discharges and covenants not to sue any of the Released Parties for any liability to the undersigned for any loss or damage, and any claim or demands thereof on account of injury to the person or property or resulting death of the undersigned, whether caused by the negligence of any one of the Released Parties or otherwise, while the undersigned is participating in any way in the described event, or is in, upon, or about the premises known as FFK, or any facilities or equipment therein owned or operated by RWW. The undersigned hereby assumes full responsibility for risk of bodily

injury, death or property damage due to the negligence of any Released Party in any way connected with the described event and/or while using any portion of FFK or any facilities or any equipment owned or operated by Rush WI West thereon. The undersigned further expressly agrees that the foregoing release, waiver and indemnity agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall continue in full legal force and effect. The undersigned has read and voluntarily signs this release and waiver of liability and indemnity agreement, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

I, on behalf of myself or my son/daughter, specifically acknowledge and agree not to sue Integrated Performance Soccer or any of the persons or entities mentioned above for any of the claims, losses, or liabilities that I have waived releases and discharged herein, and including any other claims, losses, or liabilities not specifically enumerated herein.

In connection with the event, I, on behalf of myself or my son/daughter, indemnify and hold harmless Integrated Performance Soccer and all other persons or entities mentioned above from any and all claims made or liabilities assessed as a result of: (i) The actions or inactions of myself or my son/daughter; (ii) The actions, inactions or negligence of others including those parties hereby indemnified; (iii) The conditions of the facilities, equipment, or terrain where the event or activity is being conducted;

I certify that myself or my son/daughter is physically fit and have not been advised against participation in the event by a qualified health professional, and that I have either (1) consulted my physician with respect to my participation in this event and/or (2) determined that I am sufficiently experienced, fit, and otherwise able to participate notwithstanding any existing physical condition.

By my signature I affirm that I am eighteen (18) years of age or older, that I have read the attached document, that I understand its contents and that I intend to execute the document;

OR

By my signature below, I affirm that I am the natural parent or legal guardian of the participant under eighteen (18) years of age whose name appears on the same line as my signature, that I have legal capacity to act on behalf of that named minor, that I have read the attached document, that I understand its contents, and that I have executed the attached document on behalf of the named minor.

Participant Name (Print)

Date:

Participant Signature

Print Name of Guardian or Parent

Date:

Parent or Guardian signature on behalf of minor

