

Furman Soccer Winter ID Acknowledgement and Release Form

I, the undersigned, acknowledge that my son/daughter	is voluntarily
participating in Furman Soccer Winter ID Camp (the "Activity"), which is b	eing sponsored by Furman Soccer.
ASSUMPTION OF RISK AND RELEASE OF LIABILITY. In consideration of being permitted to participate in the Activity,	cossible risk of severe or fatal injury to my son/daughter to voluntarily sing out of, associated with, or related esponsible for any injury, loss, or in the Activity, even though such risks isks include, but are not limited to: metimes in a vehicle driven by juries, allergic reactions, d cave-ins; eeks; e otherwise destructive; occur in remote areas, often in areas of icers, directors, employees, volunteers, oss, or liability for injury to person or is may have been caused by the
(initial here) I hereby grant permission to Furman Soccer or its arrange or render medical treatment or evacuation or any other me appropriate for my son/daughter's safety and well-being, if my son/during the Activity.	dical services deemed necessary or
(initial here) I grant Furman Soccer, in its sole discretion, full peand/or videos of my son/daughter, either alone or with others, for a electronic form, print or media, without notifying me, in promotion entities. I hereby waive any right to inspect or approve the photography of Furman Soccer and its related entities.	use on University web sites or other of <i>Furman Soccer</i> and its related

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO BIND MYSELF, MY HEIRS, EXECUTORS AND REPRESENTATIVES IN THE EVENT OF MY DEATH OR INCAPACITY.

Parent/Guardian's Signature	Today's Date	_
Printed Name	Date of Birth	<u> </u>
Cell Phone Number		
_		
Emergency Contact / Relation	Phone Number	
Participant Information:		
Name:	Cell Number:	
Address:		
Age: Graduation Date:	Position:	
Club:	Jersey #:	
Email Address:		
Insurance Information:		
Company:	Policy #:	

