



MEDICAL RELEASE STATEMENT

I (We) the undersigned hereby certify that I (we) am (are) the parent(s) or legal guardian(s) of the camper/student _____.

I (We) have read and understand your policy statement and I (we) agree to be held to its terms.

I (We) give permission for the staff of First Touch Futbol LLC, dba Coerver Coaching to seek appropriate medical attention for the camper/student and for the medical attention to be given and for the camper/student to receive medical attention in the event of an accident, injury or illness. I (We) will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp/school's excess medical coverage policy. I (We), the undersigned for ourselves, our heirs, executors, and administrators, waive, release and forever discharge First Touch Futbol LLC, dba Coerver Coaching, and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss due to negligence. I (We) hereby acknowledge that our child is physically fit and mentally capable of participating in soccer camp/school activities.

parent(s) or legal guardian(s)

date