

Smith Identification Camp Medical Release Form

I understand that soccer can be a dangerous sport by nature; therefore, I will be responsible for _____ and every accident that may occur during the time that my child is involved in the camp. I understand there are risks involved with my daughter's participation at the Smith Identification Camp. Therefore, I consent for my daughter to receive any emergency medical treatment deemed necessary by the Sports Medicine Staff at the camp / clinic and agree that the Sports Medicine Staff may determine my daughter's participation at any time and for any reason. I waive and release the Smith Identification Camp, Alabama State University, the Board of Trustees (or any other entity designated by Alabama law to manage, operate and/or oversee Alabama State University or the Board of Trustees, and their heirs, assigns or successors in interest of any and each of them from any and all Liability which may result or arise from either my athletics participation or any medical treatment my daughter may receive. If any portion of this Release is held to be illegal, unenforceable, or in conflict with any laws of the State of Alabama by any Court of competent jurisdiction, the remaining portions of this release shall not be affected.

I, _____, agree to these terms and conditions of the camp.

Insurance Provider: _____

Insurance Provider Policy # _____

Signature _____ Date _____

NO CAMPER WILL BE ACCEPTED WITHOUT AN AUTHORIZED
SIGNATURE