

**A SIGNED COPY OF THIS MEDICAL CONSENT FORM MUST BE SUBMITTED PRIOR TO PARTICIPATION IN THE ACADEMY.**  
THE ONLINE SIGNATURE IS NOT SUFFICIENT. WE APOLOGIZE FOR ANY INCONVENIENCE.

**2014 UTAH WOMEN'S SOCCER ACADEMY**  
**ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT TO MEDICAL TREATMENT**

As a condition of my/my child's participation in the Utah Women's Soccer Academy (hereinafter UWSA), and in consideration for the privileges that come from participation in that camp which may include instruction, use of facilities and equipment and other services provided by the UWSA, I hereby agree for myself and/or for my minor child as follows:

1. I recognize and understand the UWSA is a coach's camp offered and operated by UWSA. The Soccer Camp is NOT a University of Utah sponsored activity and the University of Utah does not have any responsibility for the operation of the camp.
2. I recognize that the UWSA will involve various activities that may include, but are not limited to, instruction, conditioning, practices, games, meals, lodging, and travel to and from the UWSA.
3. I recognize that there are certain risks of harm to me and others associated with my participation in the UWSA and Camp Activities, that there are dangers that cannot be fully foreseen, that there are risks and dangers that UWSA and its agents and employees cannot control, and that such risks and dangers could result in bodily injury or death to me/my child and/or to others.
4. I understand that some of the dangers and inherent risks to me/to my child in playing or practicing to play in any sport include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury related to the eye and/or head, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other parts of the muscular/skeletal system, and serious injury or impairment to other aspects of my/my child's body and general health and well-being. I further understand that that are risks associated with travel and that I/my child could incur some or all of these injuries during travel to and from UWSA.
5. I acknowledge that has strongly recommended to me that I/my child seek medical advice concerning my/my child's physical health, conditioning and abilities, prior to engaging in any Camp Activities. I further acknowledge that I do not/my child does not have any medical conditions that would affect my/my child's fitness to participate in Camp Activities.
6. I agree that if any injury or emergency should occur during Camp Activities with respect to myself/my child, the UWSA staff is authorized to take whatever steps are reasonably necessary in their judgment to attend to my/my child's medical needs. I agree to be responsible for any hospital expenses, doctor bills, or other expenses that may be incurred to attend to my/my child's medical needs.
7. I represent that I have/my child has adequate health insurance to cover the costs of treatment in the event of any injury that I incur/my child incurs during participation in the UWSA.
8. I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be incurred by me/my child while engaged in Camp Activities.
9. I agree to assume all risks and responsibility for any and all claims for damages, including personal injury or death, medical expenses, disability, lost wages, loss of earning capacity and property damages which may be made by others and that result in part from my/my child's participation in Camp Activities.
10. I agree to indemnify and hold harmless the University of Utah, UWSA and their agents and employees from any loss liability, damage or costs, including court costs and attorney fees, that they may incur due to my participation in the UWSA, whether caused by my/my child's negligence, the negligence of others and/or by the negligence of the University of Utah and/or UWSA (excluding the sole negligence of the University of Utah).

In signing this Release, I acknowledge and represent that I have carefully read the foregoing, that I understand it, and that I sign it voluntarily as my own free act and deed. No one has made any oral representation, statements, or inducements in order to get me to sign this document. I have had the opportunity to consult with my own legal counsel before signing this document.

\_\_\_\_\_ I am signing this Agreement for myself as Participant. I represent and acknowledge that I am at least eighteen (18) years of age and that I understand the terms of this Agreement. I also acknowledge that this Agreement shall bind my heirs and personal representatives.

\_\_\_\_\_ I am signing this Agreement on behalf of a minor Participant. I acknowledge that I am the Guardian/Parent of the Participant who is less than 18 years of age and that I understand the terms of this Agreement. This Agreement shall be binding upon the Participant and the Participant's parents, guardians, heirs and personal representatives.

\_\_\_\_\_  
Signature of Guardian/Parent for Academy Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Academy Participant

\_\_\_\_\_  
Date

Participant's Name \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Emergency Phone/Contact \_\_\_\_\_

Medical Conditions \_\_\_\_\_