

**2008 Issaquah Highlands Youth Soccer Club
Medical Authorization and Release Form**

Complete and return to the Highlands Soccer Club on the first day of the season, April 20th, at Issaquah Highland's Central Park. This form must be received in order for any child to participate.

Name and date of birth of Participant(s): _____

Name of legal Guardian: _____

Home Address: _____

Home Phone _____ Alternate Phone _____

E-mail Address _____ City of Issaquah Resident? Yes ___ No ___

I, the undersigned, _____, being twenty-one (21) years of age or older, do for myself (and for or on behalf of my child(ren), herein referred to as ("Participant(s)"), if said Participant(s) is under the age of twenty-one (21) years of age) hereby represent and certify that I am voluntarily requesting to participate in activities associated with the Highlands Youth Soccer Club and the Highlands Council.

I am the legal Guardian of said Participant(s), and hereby authorize appropriate medical treatment for said Participant(s) in the event of any and all medical emergencies and/or accidents occurring during any and all activities.

In the event that I cannot be reached during a medical emergency and/or following an accident, I give my permission to transport said Participant(s) to a doctor and/or hospital, and hereby authorize medical treatment, including, but not limited to, emergency surgery, and assume the responsibility of any and all applicable medical expenses, if any.

I attest that I have read, understood and voluntarily execute, waive, and release the Highlands Youth Soccer Club and the Highlands Council of any and all liability without any inducement, assurance, guarantee or representation being made to me other than the foregoing Liability Release Form.

I hereby release, forever discharge and agree to hold harmless the Highlands Youth Soccer Club and the Highlands Council, its directors, officers, employees, agents, and/or volunteers thereof from any and all liability, suits, actions, claims or demands for personal injury, sickness or death, as well as property damages and expenses of any nature whatsoever, which may be incurred by the undersigned and/or the Participant(s) that occur while said is participating in any activity sponsored by the Highlands Youth Soccer Club and the Highlands Council Furthermore, I (and for or on behalf of my Participant(s)), hereby assume any and all risk of personal injury, sickness, death, damage and/or expenses resulting from any and all participation in Highlands Youth Soccer Club and the Highlands Council activities and programs and involved therein.

The undersigned (and for or on behalf of Participant(s), further agrees to hold harmless and indemnify the Highlands Youth Soccer Club and the Highlands Council, its directors, officers, employees, agents, and/or volunteers thereof of any and all liability sustained by Highlands Youth Soccer Club and the Highlands Council as the result of negligent, willful or intentional acts of said participant, including any and all expenses incurred to the Highlands Youth Soccer Club and the Highlands Council thereto.

I have signed this Liability and Medical Authorization and Release Form on _____ day of _____ 2008.

Signature _____