



## Medical Consent and Liability Waiver

Participant's Name(s): \_\_\_\_\_

**HCSA Program:**

- Junior Avalanche
- Winter Futsal Program
- High Country Soccer Camp

Program Dates: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Medications or medical conditions HCSA or medical personnel should be aware of:

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I recognize and understand the nature of this sport and its related activities that there are inherent risks, including physical injury. I certify the above named is/are in good physical condition to participate in soccer activities. I hereby authorize the High Country Soccer Association and its coaching staff to provide emergency first-aid or medical treatment for my child, according to their best judgment, in the event he/she suffers an injury or illness while enrolled in High Country Soccer Association programs. In the event of an emergency I hereby authorize consent to High Country Soccer Association to call upon additional medical personnel as necessary to render treatment.

I agree not to hold HCSA liable for injury or loss sustained to the above named while enrolled in the above designated High Country Soccer Association program. I agree to indemnify and hold harmless HCSA from any claim whatsoever.

I agree to allow HCSA to take and use photographs of my child during camp to use on website or other media campaigns.

I have read and understand the content of this medical consent and liability waiver.

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_