



### MEDICAL RELEASE FORM

The undersigned parent or legal guardian and player hereby acknowledge that the game of soccer can cause serious injury and such undersigned hereby assume the risk of such possible injury. The undersigned also hereby agree to indemnify and hold harmless Bedford United Athletic Club, its directors, coaches, employees, trainers, agents, and representatives from any loss, damage, award, judgment, or other liability, however characterized, including attorney fees, resulting from injury, or damage to the property or person of the undersigned player, his or her parents, or legal guardian, resulting directly or indirectly from such player's participation in any soccer practices, soccer games or other soccer event.

I hereby give my permission for emergency medical attention necessary to be administered to my child \_\_\_\_\_ in the event of an accident, injury, sickness, etc. until such time as I may be contacted.

This release is given for a period of one year from the date given below. I also assume responsibility for payment of such treatment.

Bedford United Athletic Club may also use my child's picture taken during games or practice for promotional purposes.

Parents Name: \_\_\_\_\_

Street/City/St./Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

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

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Known Allergies or Medical Problems: \_\_\_\_\_

Signed: \_\_\_\_\_ (Parent or Guardian)

Date: \_\_\_\_\_