

Grand County Soccer Club Medical Release

By allowing my child to participate in the IMYSA dba Grand County Soccer Club Recreational and Competitive Youth Soccer programming, I agree not to sue and forever release, waive and discharge IMYSA dba Grand County Soccer Club (GCSC) and their respective employees, governors, affiliates, agents, partners, owners, members, parents, subsidiaries, representatives, officers, attorneys and players (hereinafter referred to collectively as 'Releasees' from any and all liability to me, my child and his or her personal representatives, assigns, heirs, children, dependents, spouse and relatives for any and all claims, causes of action, losses, judgments, liens, costs, demands or damages that are caused by or arise from any injury (including death) to his/her person or property regardless of the cause(s) of such injury. I assume all risks associated with my child's participation in and observation of the IMYSA dba Grand County Soccer Club.

I certify that my child is in good mental and physical condition. My child and I understand the inherent risks associated with participation in the club, and we also understand the inherent risks of participating in the sport of soccer at this level on a grass, astro-turf and blacktop surface. I recognize the possibility of physical injury associated with soccer, and in consideration of above organizations discharge and otherwise indemnify the organizations, the affiliates and sponsors, their employees and associated personnel (whether paid or volunteer) as well as the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs.

I, the parent/legal guardian of the registrant, authorize the Grand County Soccer Club staff to seek medical treatment for the Participant as they deem necessary at local medical facilities. I understand that this authorization is given in advance of any specific diagnosis, treatment or hospital care, and that it is given to provide the Grand County Soccer Club to seek medical treatment as he/she judge's necessary to the named Participant. I accept responsibility for payment of all services rendered; I authorize any medical facility that renders services to release medical information necessary for the processing of insurance claims; and I authorize the payment of insurance claims directly to the medical facility. I understand that whenever possible, the Grand County Soccer Club will make a good faith effort to contact me or the above named person(s) before seeking treatment. If this is not possible, I understand that the Grand County Soccer Club staff will notify me, or my designee, as soon as possible of any and all diagnoses and treatments. I also hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.