MISSOURI STATE SOCCER SCHOOL
PARENTAL PERMISSION, MEDICAL AUTHORIZATION, AND RELEASE

This Form must be completed and signed by a parent or guardian for any camp participant under age 18, or by the participant, if age 18 or over, before participating in any camp activities.

Name of Participant: _____

I, _____, am the (circle one):

Natural Parent Guardian Participant Other: (Explain) _____

I hereby authorize the physicians/providers and staff of any medical facility to provide the above-named Participant with any and all medical treatments including examinations, x-rays, tests, anesthesia, operations and diagnostic procedures , which may be deemed necessary or advisable by the attending physician and/or surgeon. I also agree that the patient, when admitted, is to remain in the hospital until the attending physician/surgeon recommends the patient's discharge. I have completed the attached Medical Information Form and have disclosed therein all information known to me about the Participant's medical condition.

I further hereby give my approval to Participant's participation in any and all Missouri State Soccer School activities. I acknowledge that the Participant will participate in athletic activities that could lead to serious injury. I grant permission for the Participant to participate in the soccer camp and I have no knowledge of any reason that Participant is not fully physically able to participate in all camp activities.

IN CONSIDERATION OF PARTICIPANT BEING ALLOWED TO PARTICIPATE IN THE MISSOURI STATE SOCCER SCHOOL, I EXPRESSLY AGREE THAT NEITHER SOUTHWEST MISSOURI SPORTS CAMPS, INC., NOR ITS AGENTS, OFFICERS, EMPLOYEES NOR JON LEAMY (HEREAFTER REFERRED TO AS "MSSS AND LEAMY") SHALL BE LIABLE FOR ANY DAMAGES ARISING FROM PERSONAL INJURIES SUSTAINED WHILE PARTICIPATING IN ANY CAMP ACTIVITIES OR AS A RESULT OF ANY CAMP ACTIVITIES, WHILE USING ANY CAMP FACILITIES OR WHILE PRESENT ON THE CAMP PREMISES. I ASSUME FULL RESPONSIBILITY FOR ANY SUCH INJURIES OR DAMAGES WHICH MAY OCCUR TO THE PARTICIPANT IN, ON OR ABOUT THE CAMP PREMISES OR WHILE USING CAMP FACILITIES OR WHILE PARTICIPATING IN OR AS A RESULT OF THE PARTICIPATION IN CAMP ACTIVITIES AND FURTHER AGREE THAT MSSS AND LEAMY SHALL NOT BE LIABLE FOR ANY LOSS OR THEFT OF PERSONAL PROPERTY. I ALSO SPECIFICALLY AGREE THAT MSSS AND LEAMY SHALL NOT BE RESPONSIBLE FOR SUCH INJURIES, DAMAGES, LOSS OR THEFT EVEN IN THE EVENT OF NEGLIGENCE BY MSSS AND LEAMY, WHETHER SUCH NEGLIGENCE IS PRESENT AT THE TIME OF THE SIGNING OF THIS DOCUMENT OR TAKES PLACE IN THE FUTURE. THIS WAIVER DOES NOT APPLY TO GROSS NEGLIGENCE OR INTENTIONAL TORTS BY MSSS AND LEAMY.

_____ DATE: _____
Signature of Participant, Parent or Guardian

Please Circle Camp Attending:

Day Camp I Boys JR. Residential Girls Residential Day Camp II Boys Residential

Team Camps Only: Girls Team Name _____ Boys Team Name _____

Return to: Missouri State Soccer School
P.O. Box 7055
Springfield MO 65801-7055