

#### MEDICAL STATEMENT AND WAIVER OF CLAIM

I understand that I will be notified immediately in the event of a medical emergency. In the event the team coach or his/her representative is unable or shall not have sufficient time in which to locate and contact the undersigned in an emergency, the team coach and/or his/her representative may take such temporary measures as deemed appropriate for the welfare of my child, including but not limited to medical, surgical, and hospital services.

I, the undersigned parent/guardian, assume complete responsibility for any illness (including but not limited to infectious disease), injury, or accident which may occur during or arising from my child's participation in Summit Soccer Club events.

I hereby release, waive, indemnify, and hold harmless the club, sponsors, coaches, drivers, and all other persons and entities associated with the Summit Soccer program from any and all illness (including but not limited to infectious disease), injury, loss, and /or damage to my child.

In the event of injury or illness (including but not limited to infectious disease), I will be completely responsible for any and all resulting treatment costs.

Summit Soccer Club does carry a general liability coverage policy which is secondary to the player's family primary medical insurance.