

KOPSC Medical Release Form

PLAYER'S NAME _____ TEAM U- _____

In consideration of my child's participation with the King of Prussia Soccer Club, ("KOPSC"), the Parent/Legal Guardian of the above named Player agrees that he/she is fully aware of and appreciates the risks, including catastrophic injury, paralysis and death, as well as other damages and losses associated with participation in a soccer practice, game or event. I agree on behalf of myself, my children, my heirs and personal representatives that the KOPSC, Upper Merion School District, Upper Merion Township, together with coaches, officials, volunteers, employees, agents and officers and directors shall not be held liable for any injury, loss of life, or other loss or damage as a result of my child's participation in a KOPSC sponsored practice, game or event and further agree to indemnify and hold the above referenced entities harmless from any such claims arising from participation. In the event that there is a medical emergency involving my child, and I am not available for consultation, I give authority to a representative of the KOPSC to authorize any emergency treatment necessary and to seek and/or administer medical treatment to my child.

Signature of Parent/Guardian

Date

Print Name