



Miki's Pro Soccer Camp Medical Release

Medical Release: I, on my own behalf and on behalf of the minor, acknowledge and agree that such participation subjects Minor to possibility of physical illness or injury (minimal, serious, catastrophic and/or death) and that I, on my own behalf and on behalf of the Minor, acknowledge that the Minor is in good health, physically fit and mentally capable of participating in Camp activities, and is covered by accident and health insurance, and I hereby give full approval for my child's participation in the Camp. In the event of such illness or injury, I authorize Miki Pro Soccer to obtain necessary medical treatment of the Minor and hereby, on my own behalf and on behalf of the Minor, release and hold harmless Releasees in the exercises of this authority. I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of the Minor for any illness or injury that the Minor may sustain during the Camp and while traveling to and from the site for the Camp.

Parent's or Guardian's Signature

Date