

**New Mexico Soccer Camps
2017 Release of Liability/Medical Consent**

This form must be received prior to the camp in order to the camper to participate

Release of Liability, Medical and Surgical Authorization

Participant's Name (First, Middle, Last): _____

In consideration of being permitted to participate in the New Mexico Soccer Camps/University of New Mexico, I hereby assume the risks of personal injury that may result from program activities. I am knowledgeable about the sport, have previously participated in the sport, and am aware of the potential for injury while participating. As a participant and/or as a parent or guardian, I do hereby release the University of Mexico Board of Regents, the University of New Mexico, New Mexico Soccer Camps and their officers, employees and agents, from all liability for the personal injury or property damage which results from causes beyond the control of, and without the fault or negligence of, the University of New Mexico and New Mexico Soccer Camps, its employees, agents, or officers.

In addition, I hereby authorize and give my consent to the health authorities of New Mexico Soccer Camps, the University of New Mexico, or any licensed health professional to perform upon or administer any reasonable, necessary surgical or medical treatment. I also give permission to administer whatever anesthetic may be necessary or advisable during the medical or surgical procedures.

This authorization is intended to cover emergency treatment, immunizations, injections, and minor operations and procedures. In case of psychiatric and/or psychological treatment, parent authorization for treatment beyond that responsive to the emergency will be requested. I agree to assume all costs to such treatment. I authorize my insurance company to pay benefits to the University of New Mexico Health Service or other hospitals and clinics.

Parent(s) or Legal Guardian(s): _____

Phone # (Home): _____ (Cell): _____ (Work): _____

Emergency Contact Person/Relationship: _____

Phone # (Home): _____ (Cell): _____ (Work): _____

Physician: _____ (Phone): _____

Please provide the following information regarding participant's health (allergies, medications, injuries, etc):

Also, I authorize the disclosure of medical information to my insurance company for purpose of claim. I understand that I will be responsible for any medical or other charges in connection with the participant's attendance at this camp/clinic. **Each participant must provide his/her own medical insurance.**

Private Medical Insurance

Insurer: _____ Policy # _____
Policyholder Name: _____ Relationship: _____

I/We certify that the above camper is in good health and able to participate in this program. I also hereby acknowledge that I have read this agreement in its entirety, and understand and agree to all terms and policies herof.

Parent/Guardian Signature

Date

Participant Signature (if 18 years or older)

Date