

## **MEDICAL RELEASE**

Please complete this form and mail it along with:

Photocopy of your insurance form (front and back)

All participants must complete the Medical release form and mail it along with the final payment to Savage Sports Camps LLC, 5360 College Blvd, Overland Park, Ks 66211.

As parent or legal guardian of (insert minor's name) \_\_\_\_\_, give permission for our son/daughter to participate in the Missouri Western ID Camp. We understand that participation in a soccer camp involves certain risks both soccer and non-soccer related.

I/we hereby authorize the coaches, trainers and chaperons, of Savage Sports Camps LLC to make decisions to proceed with any critical medical or surgical treatment required for my daughter provided an attempt to notify me/us has first been made. I/we agree to be responsible for any and all costs that may be incurred as a result of treatment and care. I/we agree not to hold Savage Sports Camps LLC and its staff liable or responsible for injury while participating in, or travel to or from, camp activities.

\_\_\_\_\_  
Signature of Parent/Guardian Date