

PROSPECT NAME _____

Medical Waiver:

As the parent/guardian of the participant in the SPRING/SUMMER ELITE PROSPECT INSTRUCTIONAL SHOWCASE I certify that he/she is in excellent physical health and capable of participating in any strenuous activity. I hereby give my approval to his/her participation at the soccer clinic. In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities my child is a participant. I hereby release, absolve and hold harmless the University at Albany, the soccer coaching staff, sponsors and supervisors from any such claim. In the event of an emergency, I hereby give permission for a representative of the clinic to transport my child if necessary for medical attention.

Signature Parent/Guardian _____

Date: _____