



Medical Statement and Waiver of Claim

Recognizing that I/we will be notified immediately in the event of a medical emergency related to my/our athlete. In the event the West Michigan Heat Soccer Club (WMHSC) coaches, and/or representatives are unable or shall not have sufficient time in which to locate and contact the undersigned in such an emergency, the WMHSC coaches, and/or representatives may take such temporary measures as deemed appropriate for the welfare of my/our athlete, including but not limited to medical, surgical, and hospital services. This consent does not include the administration or introduction of any biological particulate into my/our athlete.

Recognizing the possibility of illness (including by not limited to infectious disease), injury or accident, and in consideration for WMHSC accepting my athlete as a player in the programs and activities (the "Programs"), I/we consent to my/our athlete participating in the Programs. I/we, the undersigned parent/guardian, assume complete responsibility for any illness (including but not limited to infectious disease), injury, or accident which may occur during or arising from my/our athlete's participation in the the Programs. Further, I/we hereby release, discharge, and otherwise indemnify WMHSC, its associated organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behave of my/our athlete as a result of my/our athlete's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my athlete to or from the Programs.

I/we believe my/our athlete has are physically capable to participate in the sport of soccer. I/we have provided written notice which is submitted in conjunction with this release, setting forth any specific issue, condition, or ailment, that my/our athlete has or that may impact my/our athlete's participation in the Programs. I/we give my/our consent to have an athletic trainer and/or licensed medical doctor or dentist provide my/our athlete with medical assistance and/or treatment and agree to be completely financially responsible any and all costs of any such assistance and/or treatment.