

# Rocky Mountain Soccer Camps, Inc.

Dear Parent/Guardian,

If you have registered on-line for any of our camps, we need a signed release form for your child. Please read through, fill out and sign the new release form and return it to the camp office. Thanks for your understanding and cooperation.

CAMPER NAME \_\_\_\_\_ AGE (As of Camp Date) \_\_\_\_\_ M/F \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
E-MAIL ADDRESS \_\_\_\_\_  
PARENT/GUARDIAN \_\_\_\_\_ HOME PHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

CAMP ATTENDING \_\_\_\_\_ CAMP DATES \_\_\_\_\_

Please indicate any known ALLERGIES, DISABILITIES or MEDICAL PROBLEMS \_\_\_\_\_  
\_\_\_\_\_

INSURANCE COMPANY \_\_\_\_\_ PHONE \_\_\_\_\_  
POLICY or GROUP NUMBER \_\_\_\_\_

## RELEASE FORM

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child is participating in such activity. My child is in good health and is physically able to participate in said activity. I hereby agree to unconditionally waive and release the ROCKY MOUNTAIN SOCCER CAMPS, INC., their officers, employees, agents, servants and all representatives and sponsors from any injury that my child may sustain or any damage that may be caused to my child's property in connection with any ROCKY MOUNTAIN SOCCER CAMPS, INC. activity. I also agree to indemnify and forever hold harmless the ROCKY MOUNTAIN SOCCER CAMPS, INC. for any claims arising out of injury or death to my child, other than gross negligence or willful misconduct of the ROCKY MOUNTAIN SOCCER CAMPS, INC. I also authorize and consent to any emergency X-ray examination, medical diagnosis or treatment and hospital care and on the advice of any physician licensed to practice in the state of Colorado or in the United States of America.

I, furthermore, hereby give my permission to the ROCKY MOUNTAIN SOCCER CAMPS, INC. and to use my child's name, likeness, image and photograph for any camp promotional or advertising purposes including, but not limited to, brochures, flyers, internet web sites, and videos.

Parent or guardian signed will be contacted and will be responsible for the health insurance of their child.

**Parent/Guardian Signature** \_\_\_\_\_

ROCKY MOUNTAIN SOCCER CAMPS, INC.

P.O. Box 47

Victor, CO 80860

719-689-5547 720-394-5257 1-800-831-6749 [rockymtnsoccercamp@juno.com](mailto:rockymtnsoccercamp@juno.com)