

2010 Medical Release Form

Complete and return this form with camp application.
Consent to Medical Treatment & Release of Liability
 (Read this before signing below)

In consideration of being allowed to participate in this camp, related events, and activities, I hereby **release, waive, discharge, and covenant not to sue** Florida Gulf Coast University, the Board of Regents of the State of Florida, the State of Florida, and their officers, servants, agents, or employees, Jim Blankenship, this camp, and its directors and employees (hereinafter referred to as **releasee**) from any and all liability, claims, demands, or course of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, or to any property belonging to me/my child, **whether caused by the negligence of the releasee**, or otherwise, while participating in the camp, or while in, on or upon the premises where the camp is being conducted.

To the best of my knowledge, I/my child am/is in good physical condition and I am not aware of any physical infirmity which would place me/my child at risk to participate in any way with camp activities. I am fully aware of risks and hazards connected with the camp. **I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury, including death**, that may be sustained by me/my child, or any loss or damage to property owned by me/my child as a result of being engaged in the camp's activities, **whether caused by the negligence of the releasee** or otherwise. I further hereby **agree to indemnify and hold harmless the releasee** from any loss, liability, damage, or cost, including court costs and attorney's fees, that may accrue related to me/my child's participation in this camp, whether caused by the **negligence of the releasee** or otherwise.

During the period of the camp, I hereby give permission for the staff of Florida Gulf Coast University or this camp to administer appropriate medical attention to me/my child in the event of an accident, illness or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the member of my family and my spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **release, waiver, discharge and covenant not to sue** the above named releasee. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of Florida. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate and complete consideration fully intending to be bound by the same.

I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Jim Blankenship's

Elite Soccer Camp
 10501 FGCU Boulevard South
 Fort Myers, FL 33965-6565

Sponsored by:



JIM BLANKENSHIP'S

2010 EAGLES SOCCER CAMP

At Florida Gulf Coast University's Soccer Complex



DAY CAMP

Aug. 2nd - Aug. 6th

Jr. ELITE CAMP

June 17th - 21st

ELITE CAMP

June 25th - 29th

For further Information
 Call: 239-590-7571

Parent/Guardian's Signature	Date signed
Print Camper's Name	
Medical Insurance Company Name	
Policy Number	Group Number
Insurance Company Phone Number	Insured's Name

