

Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip Code _____

Emergency Information

Father's Name _____ Home Phone(____) _____ Cell Phone(____) _____

Mother's Name _____ Home Phone(____) _____ Cell Phone(____) _____

In an emergency when parents/guardians cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone(____) _____ Cell Phone(____) _____

Name _____ Home Phone(____) _____ Cell Phone(____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone(____) _____ Bus Phone(____) _____

Medical/Hospital Insurance Company _____ Phone(____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe

social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to Nick Novak Kicking School LLC, it's directors, officers, employees, contractors, consultants, coaches, managers, agents, representatives, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as releases. It is the intent of the undersigned Child and Child's parents or legal guardians to release: Nick Novak Kicking School, LLC. All Nick Novak Kicking School Staff, University of Maryland, George Mason University, McDaniel College, Georgetown Preparatory School, Walter Johnson High School, Landon High School, Albemarle High School, San Diego State University, University of San Diego, University of Incarnate Ward, any participating agencies and each of their respective affiliates, officers, directors, employees, members, owners, volunteers, agents, corporate sponsors, and/or representatives (the "Camp Parties) both as organizations and each person individually from any claims or liability to the fullest extent possible under the law. I authorize the Camp Parties to take photographs and videotapes of the Child and to record the Child's voice, conversation and other sounds during and in connection with the camp. I acknowledge that the Camp Parties shall own exclusively all copyrights media, now known or hereby created, in connection with promoting or publicizing the Camp or any other endeavor without compensation to me or the Child. I authorize the Camp Parties to use the Child's name, voice, likeness, image, photograph and any biographical facts provided to the Camp Parties in advertising and promoting the Camps or Nick Novak Kicking School programs throughout the country without further compensation. I release His/Her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Camp/Lesson and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant had received a physical examination by a physician and been found physically capable of participating in the Camp/lesson. I hereby give my consent to have an athletic trainer, coach and/or doctor or medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from Nick Novak Kicking School LLC will cause the participant to be removed from the Camp/Lesson.

Parents/Guardians Signature

_____ Date _____ (Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____

(Participant's Signature is required)

NOTE: ATTACH A COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT

Click here to download the form, print it out and submit it directly or email it to NickNovak46@gmail.com.

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