



▶ Travel Medical Authorization and Release

As the parent/guardian of _____ (the "Player"), I request that in my absence the above player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform and diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player. ***I FURTHER HEREBY GIVE MY CONSENT AND POWER OF ATTORNEY*** to a Coach, Team Manager, Team Administrator or other AHFC West representative ***TO AUTHORIZE*** the administration of any reasonable and necessary medical or dental care to my child and further agree to be financially responsible for the costs incurred for such medical or dental care.

RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR ALBION HURRICANES, F.C. West ("AHFC West") ACCEPTING THE PLAYER FOR ITS SOCCER PROGRAMS, PRACTICES, GAMES, TOURNAMENTS, RELATED TRAVEL, LODGING AND ANY OTHER SOCCER-RELATED ACTIVITIES ("THE PROGRAMS"), ON MY OWN AND ON BEHALF OF MY CHILD, I HEREBY RELEASE, COVENANT NOT TO SUE, AND FOREVER DISCHARGE THE RELEASED PARTIES (AS DEFINED BELOW) OF AND FROM ALL LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES OF ANY NATURE ARISING OUT OF OR IN ANY WAY CONNECTED WITH MY OR MY CHILD'S PARTICIPATION IN THE PROGRAM AND/OR ANY SUCH ACTIVITIES, AND FURTHER AGREE TO INDEMNIFY AND HOLD EACH OF THE RELEASED PARTIES HARMLESS FROM AND AGAINST ANY AND ALL SUCH LIABILITIES, CLAIMS, ACTIONS, DAMAGES, COSTS OR EXPENSES INCLUDING, BUT NOT LIMITED TO, ALL ATTORNEYS' FEES AND DISBURSEMENTS UP THROUGH AND INCLUDING ANY APPEAL. I UNDERSTAND THAT THIS RELEASE AND INDEMNITY INCLUDES ANY CLAIMS BASED ON THE NEGLIGENCE, ACTION OR INACTION OF ANY OF THE RELEASED PARTIES AND COVERS BODILY INJURY (INCLUDING DEATH), PROPERTY DAMAGE, AND LOSS BY THEFT OR OTHERWISE, WHETHER SUFFERED BY ME OR MY CHILD BEFORE, DURING OR AFTER SUCH PARTICIPATION. FOR THE PURPOSES HEREOF, THE "RELEASED PARTIES" ARE ALBION HURRICANES, FC, ALBION HURRICANES FC WEST, AND EACH OF THEIR RESPECTIVE OFFICERS, DIRECTORS, COACHES, TEAM MANAGERS, EMPLOYEES, AGENTS, CONTRACTORS, SUB-CONTRACTORS, REPRESENTATIVES, SUCCESSORS, ASSIGNS, AND VOLUNTEERS OF EACH OF THE FOREGOING ENTITIES.

Player's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Mothers Name: _____ Phone No: _____ Cell No: _____
Fathers Name: _____ Phone No: _____ Cell No: _____

IN AN EMERGENCY WHEN PARENTS CANNOT BE REACHED PLEASE CONTACT:

Name : _____ Phone No: _____ Cell No: _____
Name : _____ Phone No: _____ Cell No: _____

MEDICAL INFORMATION:

Allergies: _____ *
Other Medical Conditions: _____ *
Players Physician: _____ Phone No: _____
Medical and/or Hospital Insurance Co.: _____
Policy Holder Name: _____ Policy No. _____
Group No.: _____ Authorization Phone No. _____

(PLEASE COPY BOTH SIDES OF YOUR INSURANCE CARD AND ATTACH TO THIS FORM)

In witness of my consent and agreement to the medical authorization specified herein and the Release and Indemnity set forth above, I have subscribed my signature on this _____ day of _____, 20____.

SIGNATURE OF PARENT/GUARDIAN

SUBSCRIBED AND SWORN TO BEFORE ME THIS ____ DAY OF _____, 20____.

NOTARY PUBLIC IN AND FOR THE STATE OF TEXAS

My Commission Expires: _____

*Use reverse side of form if more room needed.