



THE FIELD CAMP

Emergency Medical Release



Player's Name: _____ Birthdate: ___/___/___

Address: _____ City/State/Zip: _____

Father's Name: _____ Phone Home: (____)_____ Work: (____)_____

Mother's Name: _____ Phone Home: (____)_____ Work: (____)_____

In case of emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone Home: (____)_____ Work: (____)_____

Allergies: _____ Other Medical Conditions: _____

Physician: _____ Phone Home: (____)_____ Work: (____)_____

Dentist: _____ Phone Home: (____)_____ Work: (____)_____

Medical/Hospital Insurance Company: _____ Phone: (____)_____

Policy Holder's Name: _____ Policy Number: _____

This authorization for emergency medical treatment must be completed before a player begins participation. Treatment for injury will be based on information provided herein.

*I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that the applicant/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 the actions, inactions or negligence, of the applicant/participant, but also the 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. Having full knowledge of the above, the applicant/participant assumes all the foregoing risk and accepts personal responsibility for the damages following such injury, permanent disability or death, and hereby releases, discharges and covenants to indemnify and not to sue The Field in Pacific, LLC, as owners and/or The Field Management Company, LLC, as leasers of premises used to conduct the events, all of which are hereinafter referred to as 'release(s)', from any and all liability of the applicant/participant, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant/participant as a result of his or her participation in the programs, activities and/or the act of being transported to or from the same, which participation, after careful consideration, the applicant/participant hereby authorize, and which transportation the applicant/participant hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the programs and/or activities. The applicant/participant gives his or her consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel provide him or her with medical assistance and/or treatment and agrees to be financially responsible for the reasonable cost of such assistance and/or treatment. The applicant/participant, also agrees to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee 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 by the negligence of a releasee. **The undersigned has read the above waiver/release and understands that the applicant/participant has given up substantial rights by signing this release and signs below voluntarily.***

Signature of Applicant (Parent or Guardian): _____ Date: ___/___/___

Attach a copy of your insurance card, front and back, to expedite medical treatment.