

**MISSOURI STATE SOCCER SCHOOL**  
**PARENTAL PERMISSION, MEDICAL AUTHORIZATION, AND RELEASE**

This Form must be completed and signed by a parent or guardian for any camp participant under age 18, or by the participant, if age 18 or over, before participating in any camp activities.

Name of Participant: \_\_\_\_\_

I, \_\_\_\_\_, am the (circle one):

Natural Parent          Guardian          Participant          Other: (Explain) \_\_\_\_\_

I hereby authorize the physicians/providers and staff of any medical facility to provide the above-named Participant with any and all medical treatments including examinations, x-rays, tests, anesthesia, operations and diagnostic procedures, which may be deemed necessary or advisable by the attending physician and/or surgeon. I also agree that the patient, when admitted, is to remain in the hospital until the attending physician/surgeon recommends the patient's discharge. I have completed the attached Medical Information Form and have disclosed therein all information known to me about the Participant's medical condition.

I further hereby give my approval to Participant's participation in any and all Missouri State Soccer School activities. I acknowledge that the Participant will participate in athletic activities that could lead to serious injury. I grant permission for the Participant to participate in the soccer camp and I have no knowledge of any reason that Participant is not fully physically able to participate in all camp activities.

**IN CONSIDERATION OF PARTICIPANT BEING ALLOWED TO PARTICIPATE IN THE MISSOURI STATE SOCCER SCHOOL, I EXPRESSLY AGREE THAT NEITHER SSEABOLT'S SOCCER SCHOOL LLC, NOR ITS AGENTS, OFFICERS, EMPLOYEES NOR MICHAEL SEABOLT (HEREAFTER REFERRED TO AS "MSSS AND SEABOLT") SHALL BE LIABLE FOR ANY DAMAGES ARISING FROM PERSONAL INJURIES SUSTAINED WHILE PARTICIPATING IN ANY CAMP ACTIVITIES OR AS A RESULT OF ANY CAMP ACTIVITIES, WHILE USING ANY CAMP FACILITIES OR WHILE PRESENT ON THE CAMP PREMISES. I ASSUME FULL RESPONSIBILITY FOR ANY SUCH INJURIES OR DAMAGES WHICH MAY OCCUR TO THE PARTICIPANT IN, ON OR ABOUT THE CAMP PREMISES OR WHILE USING CAMP FACILITIES OR WHILE PARTICIPATING IN OR AS A RESULT OF THE PARTICIPATION IN CAMP ACTIVITIES AND FURTHER AGREE THAT MSSS AND SEABOLT SHALL NOT BE LIABLE FOR ANY LOSS OR THEFT OF PERSONAL PROPERTY. I ALSO SPECIFICALLY AGREE THAT MSSS AND SEABOLT SHALL NOT BE RESPONSIBLE FOR SUCH INJURIES, DAMAGES, LOSS, OR THEFT EVEN IN THE EVENT OF NEGLIGENCE BY MSSS AND SEABOLT, WHETHER SUCH NEGLIGENCE IS PRESENT AT THE TIME OF THE SIGNING OF THIS DOCUMENT OR TAKES PLACE IN THE FUTURE. THIS WAIVER DOES NOT APPLY TO GROSS NEGLIGENCE OR INTENTIONAL TORTS BY MSSS AND SEABOLT.**

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant, Parent or Guardian

Please Circle Camp Attending:

Day Camp I

Day Camp II

Boys Individual Camp

Boys Team Camp

Day Camp III

Boys ID Camp

Team Camps Only: Team Name \_\_\_\_\_

Return to: Missouri State Soccer School  
P.O. Box 7055  
Springfield MO 65801-7055

MISSOURI STATE SOCCER SCHOOL IS OWNED AND OPERATED BY SEABOLT'S SOCCER SCHOOL LLC.