

UMR MINER'S Soccer Clinic



Liability release form - must be
completed in order to participate

Child's Name: _____ Date of birth: _____

Address: _____

City: _____ State: _____ Zip: _____

e-mail address: _____

Insurance Carrier: _____ Policy #: _____

Parental Release

In consideration of enrollment in the 2007 UMR Miners Soccer Clinic, I hereby release UM-Rolla and its employees and representatives from any liability for injuries sustained by my child while participating in such program. The release shall apply to any acts of omissions on the part of the University and its representatives and to any acts or omissions of other participants. In the even of an emergency, I give consent for UM-Rolla to obtain through physician or hospital such medical care as is reasonably necessary for the welfare of my child.

Parent or Guardian Signature Date