

RELEASE AND MEDICAL CONSENT



Coach's Name: _____
(type or print name)

Player's Name: _____
(type or print name)

Parent/Legal Guardian's Name: _____
(type or print name)

As the parent / legal guardian of the player named above, and in consideration for the permission granted to use the soccer fields and related facilities (the "Facilities") located at the DMR Ranch in St. David, Arizona, I hereby certify and agree as follows:

- ❖ I certify that my child is in excellent physical condition;
- ❖ I recognize the possibility of physical injury associated with soccer;
- ❖ I agree that my child may participate in all activities related to the Facilities under the supervision of the coach named above;

I hereby release, discharge and agree to indemnify and hold harmless Francis Fields, LLC, Glenleo, LLC, the DMR Ranch Homeowners Association and all other owners of property at the DMR Ranch, and their respective managers, members, officers and agents (the "Indemnified Parties") from and against any and all claims, demands, suits, costs of defense, attorneys' fees, witness fees of any type, losses, damages, expenses and liabilities of any kind ("Claims") arising out of or relating to my child's use of the soccer fields and the other facilities located at the DMR Ranch (the "Facilities"), including Claims alleged to have been caused by the negligence of the Indemnified Parties or the condition of the Facilities;

I hereby give my consent for emergency medical care for my child by a duly authorized Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb and well being of my child. I further consent to my child being transported to and from a medical facility to receive such care. If my child has any known allergies or other significant medical conditions, I have attached a separate sheet of paper listing them. Our medical insurance and policy number are: _____

Parent/Legal Guardian Signature **Date:** _____

State of Arizona)
) ss.
County of Maricopa)

The foregoing Release Agreement and Medical Consent was acknowledged before me this ____ day of _____, 2022 by _____.

Notary Public

My commission expires: _____