



MEDICAL RELEASE AND LIABILITY FORM

This letter acts as a confirmation that _____ [participant name] is registered to train with **E2Prodigy** fitness and soccer development. Participants should bring with them a small towel, water, soccer ball (if applies), running/training shoes (always), soccer cleats (if applies) and appropriate clothing for each training session. We recommend that you put you / your child's name on every personal item. **E2Prodigy** is not responsible for any lost or stolen items.

I give permission that I/ my child may participate in training sessions at _____ operated by **E2Prodigy**. I acknowledge and accept that the training session may expose myself/ my child to health or related risks. I acknowledge that there may be physically strenuous activities and certify that myself/my child is fit and capable of such participation. I understand that **E2Prodigy** is not responsible for any medical expenses associated with any personal injury that my child or I may sustain, and understand that **E2Prodigy** does not provide medical insurance for my child and I. I certify that I/my child is covered by adequate insurance to cover any personal injury which I/ my child may sustain while participating in this training session.

In consideration of **E2Prodigy** providing the opportunity for myself/my child to participate in this training, I release **E2Prodigy**, its employees and representatives from any and all liability to my child and I, our personal representatives, estate, heirs, and assigns for any and all claims, demands and causes of action for any and all illness or injury to myself/ my child or personal items arising out of, during, or in any way connected with this training. I agree to indemnify and hold harmless, waive and covenant not to sue **E2Prodigy**, its owners, officers, employees, and representatives from liability for personal items, injury or death of any persons, or damage to property that may result from my/ my child's negligent or intentional act or omission while participating in the training.

Participant name: _____ Participant signature _____

Parent Signature: _____ Date: _____

Home Phone: _____ Cell phone: _____

Alternate Emergency Contact 1: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____