



Medical Release

Assumption of risk and permission for treatment

My daughter is enrolling in **World Class Field Hockey Spring Clinic**. My child's physical condition in no way should limit or hinder participation in camp activities. If this changes by the time your camp begins, I will notify World Class Sports LLC. During the time that my child is at your camp, if any emergency arises involving the physical well-being of my child, I give you full permission and authority to take steps that are reasonable and necessary in your own judgment to protect and assist my child. I release you from all responsibility of those actions. I agree that I will pay the hospital expenses, doctor bills, or any other expenses that may be incurred as a result of treatment given my child for illness or injury while attending your camp. I make this statement and commitment for my child to be enrolled in your camp and to take part in all activities.