

Program Consent and Release Agreement

I hereby give permission for _____ [name of child] to participate in all activities of the Crimson Soccer School run by Mike Calise - Crimson Soccer School, LLC and held at Athletic Facilities on Harvard University's campus (the "Program"). I understand that the Program is not run by Harvard University. I agree that to participate in the Program, I and my child will be required to observe standards of conduct. I will instruct my child to comply with the Program's standards of conduct, both those that are provided in writing at the commencement of the Program and those that may be issued, orally or in writing, from time to time at the discretion of the instructor. I agree that the Program has the right to enforce its standards of behavior and may terminate my child's participation in the Program for any conduct which the Program considers to be incompatible with the interests, comfort and welfare of the instructor or the other children participating in the Program.

I acknowledge that my child's participation in the Program may involve risk of personal injury. I hereby certify that I understand the nature and extent of the risks inherent in the Program, and the use of facilities, equipment or services in association with the Program.

On behalf of myself and my child, I hereby assume all risks related to participation in the Program, including but not limited to accident, death, injury or illness, including personal or bodily or mental injury of any nature. I further hereby, on behalf of myself, my child and anyone claiming through myself or my child, do FOREVER RELEASE President and Fellows of Harvard College ("Harvard"), its trustees, officers, employees, volunteers, students, agents and assigns from any cause of action, claims, or demands of any nature whatsoever, including but not limited to a claim of negligence which I, my child, or anyone claiming through myself or my child, may now or in the future have against Harvard on account of personal injury, bodily injury, property damage, death or accident of any kind, arising out of or in any way related to my child's participation in the Program howsoever the injury is caused.

I understand that this Program is not a medical or health care program. I have no expectation of any medical or health benefit to my child from participation in the Program.

I certify that my child is medically able to participate in the Program and is free from any communicable, infectious or contagious diseases.

IN CASE OF EMERGENCY such as accident or injury, I give permission to the Program to provide assistance to procure emergency medical care in the event that I or person(s) I designate on the reverse of this form cannot be reached.

Signature of Parent or Guardian: _____

Name Printed: _____

Relationship to Child: _____

Date: _____

Program Transportation and Emergency Contact Information
[Both sides must be signed]

Please read this form carefully and understand it before signing. The custodial parent/guardian of each Program participant must complete this page and sign it.

My child, _____, will participate in the Crimson Soccer School run by Mike Calise - Crimson Soccer School, LLC and held at the Athletic Facilities on Harvard University's campus. In the event that I am unable to pick up or drop off my child at the facilities, I hereby grant permission to the following persons to act on my behalf:

Name _____ Relationship to child _____
Address _____ Daytime phone _____
City/State/Zip _____ Evening Phone _____

Name _____ Relationship to child _____
Address _____ Daytime phone _____
City/State/Zip _____ Evening Phone _____

Name _____ Relationship to child _____
Address _____ Daytime phone _____
City/State/Zip _____ Evening Phone _____

If anyone other than those persons listed above are going to pick up my child from the Program, I will contact Chris Hamblin at (857) 362-7709 24 hours in advance. If anyone besides those listed above request to transport my child from the Program, I request that someone from the Program contact me before allowing my child to leave facilities.

EMERGENCY CONTACT INFORMATION:

In case of emergency, please contact:

1. _____ Relationship to child _____
Daytime phone _____ Evening phone _____
2. _____ Relationship to child _____
Daytime phone _____ Evening phone _____
3. _____ Relationship to child _____
Daytime phone _____ Evening phone _____

Signature of Parent or Guardian: _____

Name Printed: _____

Relationship to Child: _____

Date: _____