

MEDICAL RELEASE FORM:

Recognizing the possibility of physical injury associated with soccer and in consideration for ProSoc Academy and its affiliates accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify ProSoc Academy, its affiliate organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transport I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the programs.

I hereby give my consent to have an athletic trainer and/or Doctor of Medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible for the cost of such assistance and/or treatment.

I understand that I may revoke this authorization at any time, except to the extent that action based on this authorization has already been taken.

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