



## BELLEVUE COLLEGE ATHLETICS

3000 Landerholm Circle SE, Bellevue 98007  
(425) 564-2351 FAX (425) 564-3129

### 2018 BC Men's Soccer ID Camp Medical Release

**Release of Liability—permission to participate in BC Men's Soccer ID Camp during the 2018 season.**

Players name: \_\_\_\_\_ Email: \_\_\_\_\_

Player cell #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parents' name: \_\_\_\_\_ Home #: \_\_\_\_\_

#### **Accident Waiver**

I accept full responsibility for any injury I suffer while taking part in the BC Men's Soccer ID Camp during the 2018 season.

In the event of injury, I should be referred to:

Doctor's name: \_\_\_\_\_

Phone: \_\_\_\_\_

#### **Release of Liability-Permission to Play Soccer**

I authorize all medical, surgical and hospital procedures as may be performed or prescribed by a treating physician for myself. I further agree that I will not bring any claims of any kind against Bellevue College and/or any BC employees as a result of any injuries, expenses or damages that I may incur for my participation, whether such claims are known or unknown or arise in the future.

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Student Signature

Date