

**Crimson Soccer Academy Consent and Release Agreement**

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

I acknowledge that my child's participation in the Academy may involve risk of personal injury. I hereby certify that I understand the nature and extent of the risks inherent in the Academy, and the use of facilities, equipment or services in association with the Academy. On behalf of myself and my child, I hereby assume all risks related to participation in the Academy, 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 Crimson Soccer Academy, its trustees, officers, employees, volunteers, students, agents and assigns, the 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 Academy howsoever the injury is caused.

I understand that this Academy 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 Academy.

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

IN CASE OF EMERGENCY such as accident or injury, I give permission to the Academy 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: \_\_\_\_\_

**Academy 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 Academy participant must complete this page and sign it.

My child, \_\_\_\_\_, will participate in the Crimson Soccer Academy run by Pieter Lehrer, Director and held at the soccer fields on Harvard University's campus. In the event that I am unable to pick up or drop off my child at Harvard, 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 \_\_\_\_\_ Mobile Phone \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Evening Phone \_\_\_\_\_

If anyone other than those persons listed above are going to pick up my child from the Academy, I will contact Pieter Lehrer, Director at 617.817.5684, 24 hours in advance. If anyone besides those listed above request to transport my child from the Academy, I request that someone from the Academy contact me before allowing my child to leave the soccer fields.

**EMERGENCY CONTACT INFORMATION:**

In case of emergency, please contact:

1. \_\_\_\_\_ Mobile phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

2. \_\_\_\_\_ Mobile phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

3. \_\_\_\_\_ Mobile phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Name Printed: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date: \_\_\_\_\_