

## STUDENT RELEASE FORM

Release executed on \_\_\_\_\_, 20\_\_\_\_, by the following student,  
\_\_\_\_\_ (print legible) and parents in favor of the University of Northern Colorado. In consideration of the student being allowed to participate in the **WORLD LANGUAGE DAY SOCCER COMPETITION**, releasers hereby acknowledge the manner in which it will be conducted and having such knowledge or having waived the right to obtain such knowledge do hereby personally assume all risks in connection with said activity and further release the University of Northern Colorado, its instructors, agents, employees, volunteers, operators, officers, and trustees from liability for any harm, injury or damage which may befall the student while engaged in this activity, traveling to or from the activity site or arising from the student's presence at the site or in the site vicinity, including all risks connected therewith, whether foreseen or unforeseen, and whether arising from the negligence of the University of Northern Colorado, its instructors, agents, employers, volunteers, operators, officers, and trustees; and further agree to save and hold harmless the University of Northern Colorado and the above persons from any claim by us, the student, or our fairly, estate heirs, or assigns, arising out of the aforesaid activity and circumstances.

Releasers take that they fully understand the terms herein are contractual and not a mere recital and that they have signed this document as their own free act. Releasers state that they have fully informed themselves of the content of this release by reading it before signing it.

**Student Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**School:** \_\_\_\_\_

**Language:** \_\_\_\_\_

### AUTHORITY FOR MEDICAL TREATMENT

Recognizing that my child or ward, \_\_\_\_\_ (print name), in the course of his/her participation as a team member, may require medical treatment when I am not available to give my consent to such treatment, I do therefore authorize the rendering of medical treatment and services by qualified persons to my named child or ward when in the judgment of the representatives of the University of Northern Colorado, such medical attention and treatment is required.

**HOME PHONE NUMBER:** \_\_\_\_\_ **BUSINESS:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

PARENT OR GUARDIAN