**KEW PARK RANGERS AWAY TRAVEL**

**PARENTAL/GUARDIAN MEDICAL,** **ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

Participant’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, (Parent/Guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby grant permission for my child (Child’s Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  
to travel with Jonathan Moore, Mary Moore, Krista Manketo and Margaret Parker (the “Guides” which, for purposes of this MEDICAL, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM shall be construed to include any of their executors, administrators, heirs, next of kin, successors or assigns, as well as Kew Park Rangers Football Club) to participate in the Dana Cup Hjorring International Youth Soccer Tournament in Hjorring, Denmark, departing on Sunday 23 July 2017 and returning on 30 July 2017 (the “Tournament” which, for purposes of this MEDICAL, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM shall be construed to mean, without exclusion, travel to and from the Tournament, any and all activities undertaken during the Tournament, whether supervised or not, and any and all points in time that my child is accompanied by the Guides, as well as, for the avoidance of doubt, any and all points in time that my child is not accompanied by and/or in the presence of the Guides).

As (Child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s parent and/or legal guardian, I hereby certify that (Child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is physically fit and has not been advised to not participate in the Tournament by any person, including without exception a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my child from participating in the Tournament and/or travelling to Denmark to participate in the Tournament.

In consideration of the Guides agreeing to travel with my child to, during and from the Tournament, I hereby take action for and on behalf of my child, myself, my and her executors, administrators, heirs, next of kin, successors, assigns and any other party who now or in the future may be or is entitled to take any action for or on behalf of my child, as follows:

1. I ACKNOWLEDGE that this MEDICAL, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM will be relied upon by the Guides in connection with their decision to travel with my child, and that it will govern my child’s and, at any point in time, on her behalf, my actions and responsibilities at and/or in respect of any matter relating to the Tournament.
2. I CONSENT to any medical treatment, including surgery, that may be required in an emergency during the course of the Tournament, and acknowledge and accept that the Guides may not be able to contact me in advance of any such treatment taking place. I have also set out below any and all allergies or other medical conditions that my child has, although I waive any right to take any action against any of the Guides for any action or inaction they may take as regards such allergies or other medical conditions, as well as in the event of any medical treatment for my child.
3. I ACKNOWLEDGE that the Tournament may carry with it, without limitation, the potential for death, serious injury and personal loss. The risks to which my child may be exposed include, but are not limited to, those caused by travel, terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration and actions of other people including, but not limited to, participants, volunteers, spectators and coaches, for any and all of which none of the Guides bears any responsibility whatsoever.
4. I WAIVE, RELEASE AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of each of the Guides, for, without limitation, the death, disability, personal injury, property damage, property theft or actions of any kind whatsoever taken against or in respect of my child which may hereinafter occur to (Child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, including without limitation as a result of my child’s traveling to and from the Tournament and participating in any and all activities during the Tournament.
5. I INDEMNIFY AND HOLD HARMLESS, AND PROMISE NOT TO SUE AND OR MAKE ANY CLAIM WHATSOEVER FOR CIVIL OR CRIMINAL LIABILITY OR OTHERWISE AGAINST ANY OF, the Guides, and release and hereby agree to indemnify in full each of the Guides for any and all claims, losses, damages, liabilities, costs or expenses (“Losses”) suffered by any of them as a result of the participation of my child in the Tournament, whether caused by, without limitation, their negligence or otherwise.
6. I CONSENT AND AGREE that any of the Guides may take photographs or digital recordings of my child as a participant during this event and distribute the same via social media or otherwise. I further consent that my child’s identity may be revealed therein or by description text or commentary. I waive any rights, claims or interest in such communications and I understand that there will be no financial or other remuneration made in respect thereof.

This medical, accident waiver, release of liability and image release shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS. INTER ALIA, A RELEASE OF LIABILITY AND A CONTRACT TO INDEMNIFY AND I SIGN IT ON MY OWN FREE WILL.

This MEDICAL, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM and any non-contractual obligations arising out of or in connection with it shall be governed by and construed in accordance with the laws of England and Wales without regard to the conflicts of laws provisions thereof, and I hereby irrevocably consent to the exclusive jurisdiction of the English courts in connection with any dispute related to this MEDICAL, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM.

The Undersigned parent and or natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child participation in the Tournament, and has agreed individually and on behalf of the child, to the terms of THIS MEDICAL, ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all parties referred to above from all Losses whatsoever which may be imposed upon said parties because of any defect or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

Signature (if under 18 years Parent or Guardian must sign)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2017

**Medical Conditions and / or Allergies**

Please set out details of any and all medical conditions and allergies that your daughter has.