I hereby authorize any medical evaluation or treatment which may be advised or recommended by attending trainer of (camper’s name) while at the University of Hartford College Soccer ID Clinic. In consideration of my application being accepted, intending to be legally bound I do hereby, for myself, my heirs, executors, and administrators, waive and release and forever discharge any and claims for damages which I may or which may after occur to me against University of Hartford College Soccer ID Clinic or their respective officers, agents, representatives, successors, and/or assigns, for any damages which may be sustained or suffered by me in connection with my association with or participation on the property of the University of Hartford. In addition, I hereby authorize and consent that the University of Hartford, its Department of Athletics, and the Women’s Soccer Team shall have the absolute right to copyright, publish, use, sell, or assign any and all photographic portraits or pictures, video tapes and or sound/recording in association with my daughter’s participation in the University of Hartford College Soccer ID Clinic. I, the parent or guardian, do hereby agree to the above waiver and release.