



BELLEVUE COLLEGE ATHLETICS

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

BC Men's Soccer ID Day Release of Liability

Player name: _____

Accident Waiver

I accept full responsibility for any injury I suffer while taking part in the BC Men's Soccer work-outs.

Emergency contact name: _____

Emergency contact cell 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.

Student Signature

Date