



# Valorant Coaching Week

## Liability, Consent, & Medical Information Waiver

### Participant and Parent/Guardian Consent and Release:

In order to participate in the Valorant Coaching Week, please read and provide the requested information and signature.

I have read and understand the description of the activities, understand it is voluntary and may carry some risks.

I acknowledge that Valorant has an Entertainment Software Rating Board (ESRB) rating of Teen (13+), and that online interactions are not rated by the ESRB. I understand that I or my child may experience unsolicited communications from unaffiliated parties.

I understand HCC and its employees, agents and volunteers cannot be held responsible for events beyond their control despite taking reasonable efforts to ensure students safety throughout the week.

I do hereby agree, on behalf of myself and my child named herein to assume all risks and responsibilities surrounding participation in this course/activity and hold harmless HCC, its Trustees, officers, directors and agents from liability to the undersigned, his/her dependents for any and all damages, expenses including attorney fees, claims, judgments, actions or causes of action as a result of any loss or injury to the person or property that may occur during, or arising out of, the course/activity.

### Emergency Medical Treatment:

**In the unlikely event that I or my child becomes injured during this activity, my permission is given to provide or obtain necessary emergency medical attention. In such emergency, the best number to contact is : \_\_\_\_\_.**

### Medical Information:

Name of Policy Holder: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Child's Doctor: (if applicable) \_\_\_\_\_

Allergies: \_\_\_\_\_

