

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:	
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Name of Insurance Company: _____

Child's Doctor: (if applicable)_____

Allergies:_____

Physical Limitations:_(if applicable)_____

Other Special Needs:(if applicable)______Signatures:

I hereby affirm by my signature that the information provided is true and accurate and the policy information provided is active and current.

I have read and understand this informed consent and voluntarily sign this document for myself or my child to participate in this course/activity.

Signature of Student
□ I am 18 or older

Date

If under 18, a parent/guardian signature is needed:

Parent / Guardian Name (Print)

Parent or Guardian (Signature)

Date

* * This form must be signed and returned before participation. * *