

KAT CONNER SOCCER CAMP REQUIRED DOCUMENTATION

ASSUMPTION OF RISK, WAIVER AND INDEMNIFICATION AGREEMENT

PARTICIPANT'S LAST NAME _____ FIRST NAME _____

CAMP: _____

LOCATION: _____

DATE(S): _____

I am the Parent/Guardian of the above-named Participant and am fully competent to sign this Agreement. I realize that my child's participation in Kat Conner Soccer Camp activities carries with it risk of injury/illness, even when all rules are followed and conditions are optimal. There are various safety problems that can increase injury risk potential. Some safety problems are regularly identified and addressed (i.e., heat illness and the administration of liquids frequently during practices; collisions and the use of high quality, durable, and safe protective equipment). Some safety problems may be less clearly identified (i.e., mechanisms of head and neck injuries or ankle and knee injuries,) and, therefore, prevention and protection are difficult. Risk can be increased due to the participant's lack of compliance with specified instructions (i.e., using improper footwear, knowingly using dangerous or faulty equipment, training when environmental conditions are dangerous (high heat/high humidity, lighting), and engaging in high intensity or high volume training or executing new skills without adequate fitness. Even in the best facilities, with adequate supervision, use of all protective equipment, and compliance with all of the rules, there remains an inherent risk of injury/illness in any camp activity, and this risk is increased even more so with contact sports, including the sport of soccer. I acknowledge that my child's voluntary participation in this camp may expose him/her to hazards of risks that may result in his/her illness, personal injury, or death.

I acknowledge that I am aware of the risks of injury/illness and knowledgeable concerning rules, equipment and practices being employed by the Kat Conner Soccer Camp personnel to minimize my child's risk of sustaining an injury/illness while participating in camp activities. My child agrees to use all required protective equipment and follow all rules and instructions from Kat Conner Soccer Camp officials regarding safety. As well, my child has physical infirmities which could be worsened or aggravated by participation and I declare him/her physically fit and in good medical condition to engage in all camp activities.

In consideration of my child being permitted to participate in the camp and to use the program's facilities and equipment, I hereby accept all risk to my child's health and of his/her injury or death that may result from such participation. I hereby release and hold harmless Kat Conner Soccer Camp, Kat Conner individually d/b/a Kat Conner Soccer Camp, coaches, trainers, employees, and representatives from any and all liability in any way resulting or arising from any injuries (including paralysis or death), damage, loss or costs that may incur as a result of my child's participation in the camp, whether caused by negligence of owners, officers, agents, employees or representatives or otherwise related individuals. I intend this release to be binding upon his/her/my heirs, executors, administrators and assigns. I further agree to indemnify and hold harmless Kat Conner Soccer Camp and Kat Conner individually d/b/a Kat Conner Soccer Camp for any damage to property that may result from Participant's negligent or intentional act or omission while participating in the described Activity. I have carefully read this agreement, and I understand that it is legally binding document that affects my child's legal rights and remedies. I have had the opportunity to review this document, to ask questions before executing it, and am under no duress to do so.

Signature of Parent/Guardian

Date Signed

Address (if different than Participant's)