



## Soccer Training Camp Wavier/Liability Form

### **Participant Information:**

**Participant Name:**

\_\_\_\_\_

**Parent(s)/Guardian(s) Name:**

\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Alt/Cell Phone:** \_\_\_\_\_

**Emergency Contact Name & Phone:** \_\_\_\_\_

### **Participant Waiver & Liability Agreement**

I understand that there are risks associated with playing all sports and field related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity at Kickin' It Soccer Training Camp LLC and for any injuries which myself or my children/wards may sustain while on the premises of Kickin' It Soccer Training Camp LLC. I insure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this clinic/camp.

By participating in Kickin' It Soccer Training Camp LLC related events and activities, there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risk of personal injury or other loss that I may sustain in connection with such Communicable Diseases.

I give permission for camp trainers and coaches or contracted health care to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

\_\_\_\_\_  
Participant's Signature (Parent/Guardian if under 18)

\_\_\_\_\_  
Date