THE LPA SOCCER CAMP/ CLINIC ASSUMPTION OF RISK, WAIVER OF LIABILITY and PARENT/ GUARDIAN PERMISSION FORM

**CAMPER NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In order to participate in a LPA Soccer camp/clinic, each participant must submit completed versions of this Assumption of Risk, Waiver of Liability and Parental Permission Form. Participants who have not completed the forms will not be permitted to participate in camp/clinic activities until they are received.

**AGREEMENT TO PARTICIPATE**

To ensure that you understand and accept the risks of participation in the LPA Soccer camp/clinic, you both must indicate your understanding and agreement by signing on the appropriate lines below.

**PARENT/ GUARDIAN AGREEMENT**

I agree to allow my child/ward to participate in the LPA Soccer camp/clinic and affirm that my child’s/ward’s participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at LPA Soccer camp/clinic which may cause serious injury. I also understand that, despite safety precautions, neither the camp/clinic nor LPA Soccer can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the camp/clinic.

**ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE:**

In consideration for permitting me/my child/ward to participate in the camp/clinic,**I voluntarily agree**, for myself, my heirs, executors, and administrators, to the following:

**TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH**  that may be sustained by me/my child/ward, or any loss of damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the LPA Soccer camp/clinic.

1. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the camp/clinic, LPA Soccer, or its employees, agents, students, and staff (hereinafter referred to as “releasees”) from any and all liability, claims, actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the LPA Soccer camp/clinic.

**MEDICAL AGREEMENT:**

I understand that I should obtain health insurance coverage prior to participating in the LPA Soccer camp/clinic. I further understand that I will be responsible for my medical expenses.

**PHOTO/ VIDEO RELEASE:**

I give permission for photographs/videos taken of me/my child/ward while participating in the camp/clinic to be used in marketing/public relations material in the promotion of LPA Soccer.

**By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:**

**Parent/ Guardian Name:\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**