

Performance Soccer Academy / Summer Camp Program - July 2019

PARTICIPATION AGREEMENT (Waiver) FOR THOSE UNDER 18 YRS

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.



Name of Participant: _____ Age _____ Date of Birth _____

IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of the Performance Soccer Academy and Summer Camps, I **ASSURE TO YOU THAT:**

1. I am the parent/guardian of the above named participant having full legal responsibility for decisions regarding the above named participant.
2. I believe that my child/ward is physically, emotionally and mentally able to participate in the programs, activities and events of the Performance Soccer Academy Summer Camps Program.
3. I hereby acknowledge that I am aware of the risks and hazards associated with soccer training. The risks and hazards include, but are not limited to injuries from:
 - a. Executing strenuous and demanding physical techniques in outdoor soccer
 - b. Falls to ground due to, but not limited to, contact with other players during game play, drills, and warm-ups.
 - c. Collisions or contact with field equipment, goals, soccer equipment and other participants;
 - d. Failure to properly use any piece of equipment or from the mechanical failure of any piece of equipment;
 - e. Contact, colliding or being struck by other participants, spectators, or equipment
 - f. Vigorous physical exertion and strenuous cardiovascular workouts;
 - g. Poor field conditions, inclement weather, and unforeseen or sudden climatic events / natural disasters;
 - h. Exerting and stretching various muscle groups;
4. Furthermore, I am aware that my child/ward may:
 - a. Sustain injuries while participating that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself /herself during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;

And I am aware that:

- d. Risk of injury is reduced if he/she follows all rules established for participation; and
- e. Risk of injury increases as he/she become fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

5. I am registering my child/ward willingly and my child/ward is participating voluntarily in these activities, events and programs.
6. I agree that there are risks in soccer as described above and my child/ward will be exposed to these risks and hazards.
7. I agree to accept all these risks and hazards and be responsible for any injury or loss which my minor child/ward might receive while participating in these events, activities and programs.
8. If something happens to my child/ward, I release the Organizers of responsibility for any claims, demands, actions and costs, which might arise out of my child/ward's participation. I understand "Organizers" to mean: Performance Soccer Academy - Summer Camps Program.

Accident Insurance

Executing this agreement will not preclude you from your own family/ school accident insurance coverage, subject to the terms of the Performance Soccer Academy. By signing and dating below, you agree that you are the parent or legal guardian of the player being registered and to be bound by this Legal Agreement even if you have not read the agreement.

Name of Parent or Guardian (print)

Signature of Parent or Guardian

Date signed

