

Elite Soccer Academies/Camps of Hampton Roads Assumption of Risk, Waiver of Liability and Parent/Guardian Permission Form.

Campers Name _____

I, the undersigned parent or legal guardian of the above-named player, a minor (Player) on behalf of myself, Player and our heirs, next of kin, hereby agree as follows:

My child has my permission to attend the Elite Soccer Academies/Camps of Hampton Roads Inc. In the event of illness or injury I authorize the staff to act for me according to their best judgment in any emergency requiring medical attention, and hereby waive and release the Elite Soccer Academies/Camps of Hampton Roads Inc., its staff and representatives as well as medical personnel from any liability for any injuries while attending academy/camp. I certify that my child is physically fit to take part in any and all camp/academy activities.

EMERGENCY AUTHORIZATION: I hereby authorize each of the coaches, team parents, and/or other officials of the Western Branch Soccer Club (WBSC) and **Elite Soccer Academies/Camps of Hampton Roads Inc.** act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency contact to consent to medical, surgical or dental examination and/or treatment.

DISCLAIMER, ASSUMPTION OR RISK AND WAIVER: I agree that I and the Player will abide by the rules of the WBSC, **Elite Soccer Academies/Camps of Hampton Roads Inc.** it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WBSC & **Elite Soccer Academies/Camps of Hampton Roads Inc.** accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the WBSC & **Elite Soccer Academies/Camps of Hampton Roads Inc.**, its affiliated organizations and sponsors, their employees and associated personnel including the owners of fields and facilities utilized for the Programs, against and claim by or on behalf of the player as a result of the player's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

We Hereby Agree That WBSC & **Elite Soccer Academies/Camps of Hampton Roads Inc.** Coaches, Or Officers Shall Not Be Liable for Any Injury Or Loss Which My Child May Sustain While Participating In Activities Of Any Kind Whether Sponsored By or Under The Supervision Of And We Agree To Indemnify And To Hold Harmless Its Members, Coaches, Officers Or Designates Of Any Kind From Any Claim Whatsoever.

PHOTO RELEASE: I give permission for photographs taken of me/my child while participating in the Elite summer soccer camp/academy to be used in marketing/public relations material in the promotion of Elite Soccer Academies/Camps.

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

Parent/Guardian Signature

Parent/Guardian (Print)

Date: _____

Allergies: _____
EPI PEN: Yes or NO

Medical Conditions we should be aware of:
