

Coach Ken Soccer Academy Sports Waiver and Permission Form

Participant Information

First Name: _____ M.I. _____ Last Name: _____

Emergency Phone Number: _____

(Also to be used for class updates/rain out messages)

Email: _____

Event: Soccer Clinics/Camps

Please Read Carefully Before Signing

(Adult -18 years of age or over; Minor - under 18 years of age)

In consideration of my child or ward's participation in the Sport Type(s) and Event referenced above and any related activities (collectively, the "Event"), wherever the Event may occur, I agree to assume all risks incidental to such participation (which may include, among other things, muscle injuries and broken bones). On my own and/or my child or ward's behalf, and on behalf of my and/or my child or ward's heirs, executors, administrators and next of kin, I hereby release, covenant not to sue, and forever discharge the Released Parties (as defined below) of and from all liabilities, claims, actions, damages, costs or expenses of any nature arising out of, or in any way connected with my or my child or ward's participation in the Event and/or any such activities, and further agree to indemnify and hold each of the Released Parties harmless from and against any and all such liabilities, claims, actions, damages, costs or expenses including, but not limited to, all attorneys' fees and disbursements up through, and including any appeal. I understand that this release and indemnity includes any claims based on the negligence, action or inaction of any of the Released Parties and covers bodily injury (including death), property damage, and loss by theft or otherwise, whether suffered by me or my child or ward either before, during or after such participation. I declare that I and (if participating) my child or ward are physically fit and have the skill level required to participate in the Event and/or any such activities. I further authorize medical treatment for me and/or my child or ward, at my cost, if the need arises. For the purposes hereof, the "Released Parties" are Coach Ken Soccer Academy, coaches and volunteers of Coach Ken Soccer Academy, and the city in which this event is held.

I (Your name), _____
willingly complete and sign this Permission
Form on behalf of my child or ward, and the
information set forth above pertaining to my
child or ward is true and complete.

Signature: _____

Date: _____