

English Soccer Academy/Mayfield Soccer Association Technical Camp (2009)

Name: _____

Address: _____

City: _____ Zip Code: _____

Date of Birth: _____ Telephone: (_____) _____ Check Number: _____

Known Medical Problems: _____

T-shirt Size (Please Circle) YL AS AM AL

Email _____ Please write as clearly as possible

Please read the following and sign to complete this form:

Amateur Minor Athletic Waiver and Release of Liability:

In consideration of being allowed to participate in any way in English Soccer Academy or its parent or subsidiary organization's athletics/sports program, and related events and activities, the undersigned:

Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death and severe social and economic losses which might result not only from their own actions, inactions, or negligence, but the action, inaction and negligence of others or the condition of the premises or of any equipment used. Further that there may be other risks not know to us or not reasonably foreseeable at this time.

Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death.

Release, waive, discharge and covenant not to sue the English Soccer Academy, its affiliated clubs, their respective administrators, directors, agents and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

**I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP
SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.**

(print) name of participant

(print) name of parent or guardian/relationship to participant

Signature of parent or guardian

Telephone Number of parent or guardian