

IDAHO STATE UNIVERSITY

SOCCER CAMPS

PLAYERS NAME: _____

PLAYERS AGE: _____

PARENT OR LEGAL GUARDIAN: _____

PARENT OR LEGAL GUARDIAN'S CELL #: _____

PARENT OR LEGAL GUARDIAN E-MAIL: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE: (____) ____-_____

CONSENT, RELEASE OF LIABILITY, AND CERTIFICATION OF PHYSICAL FITNESS TO PARTICIPATE:

1. By accepting this agreement and participating in Bengal Soccer Camps, you agree that you understand that there is a risk of injury in participating in any sport, including Bengal Soccer Camps. This risk of injury includes but is not limited to a risk of serious permanent injury, paralysis, and death.

Your agreement indicates that you understand that your child should not participate in Bengal Soccer Camps if:

he or she is currently under the care of a physician for and injury or illness that would prevent his/her safe participation in soccer camp;

he or she is currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in soccer camp;

your child has a history of fainting or other problems related to strenuous exercise; or your child is not in good health or has some other reason he or she should not participate in strenuous physical exercise.

To minimize the risk of injury, you agree to tell your child to obey all safety rules and to report fully any problems related to his/her physical condition to the summer camp coaches as soon as the problem begins.

2. By accepting this agreement, you certify the following:

- That you are the parent or legal guardian of the child ("Player") named above.
- That your child is not currently under the care of a physician for and injury or illness that would prevent his/her safe participation in soccer camp.
- That your child is not currently being treated for or recovering from an orthopedic injury that would prevent his/her safe participation in soccer camp.
- That your child has no history of fainting or other problems related to strenuous exercise; and
- That your child is in good health and there is no reason he or she cannot safely participate in strenuous physical activity.
- That you have health insurance which provides adequate coverage for injuries or illness your child may sustain while participating at Bengal Soccer Camps.

3. CONSENTS:

1. By indicating your acceptance of this agreement, you hereby give permission for Debs Brereton and/or Bengal Soccer Camp employees and agents to obtain medical treatment for your child in the event of accident or illness during his/her time at camp.

2. By indicating your acceptance of this agreement, you hereby give consent to have your child be photographed or videoed during camp activities, and you agree that the images so obtained may be used for educational and public relations purposes by Bengal Soccer Camps.

RELEASE:

1. By indicating your acceptance to this agreement, you do hereby agree that you are and shall be responsible for all costs associated with any injury, illness, damage, expense, claim, or loss that maybe sustained by your child as a result of his or her participation at soccer camp. You also certify that you have health insurance which provides adequate coverage for injuries or illness your child may sustain while participating at Bengal Soccer Camps.

2. By indicating your acceptance of this agreement, you also agree to release and promise not to sue Idaho State University, Bengal Soccer Camps, or their officers, employees, or agents, or the State of Idaho, for any injury, illness, damage, expense, claim, loss, injury, or death arising from, resulting from, or in any way caused by your child's participation in the Bengal Soccer Camps.

BY SIGNING BELOW, YOU ARE INDICATING YOUR ACCEPTANCE OF THIS AGREEMENT AND WAIVER, YOU ARE AFFIRMING THAT YOU HAVE READ AND UNDERSTAND THIS AGREEMENT AND WAIVER, AND FULLY UNDERSTAND ITS TERMS. YOU UNDERSTAND THAT YOU ARE GIVING UP SUBSTANTIAL RIGHTS, INCLUDING THE RIGHT TO SUE. YOU ACKNOWLEDGE THAT YOU ARE SIGNING THE AGREEMENT AND WAIVER FREELY AND VOLUNTARILY AND INTEND BY YOUR ACCEPTANCE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

NAME: _____ SIGNATURE: _____ DATE: _____

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