



# Competitive Edge Institute, LLC

## RELEASE AND WAIVER OF LIABILITY

I understand that playing or participating in the sport of soccer may be a potentially dangerous activity involving risk of injury. I understand that in any contact sport, such as soccer player participating in this camp, a participant can be seriously injured. I am aware that the dangers and risks of my child's/ward's playing or participating in soccer include, but are not limited to, falls, contact or collisions with other participants, equipment and facilities, and the effects of weather, including high heat and humidity. I have certified to the director, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the camp. I have advised the director of any limitations on my child's/ward's activities for medical reasons in writing below. Knowing and having been informed of the potential dangers and risks associated with playing the above sport, and in consideration of my child/ward being allowed to participate in the camp, I hereby agree on behalf of myself, my family members and my child/ward to assume all such risks and, further, to waive, release, discharge and hold harmless the Competitive Edge Institute, LLC, its director and their respective employees from any and all liability, actions, causes of actions, claims or demands for personal injury and/or illness of any kind or nature, and any other claims whatsoever arising out of, or in any way connected with, my child's/ward's playing and participating in the above sport and camp. I fully understand that the camp participant will be held responsible for all property damage. This Release and Waiver extends to all claims of every kind or nature whatsoever, foreseen or unforeseen, known or unknown.

I hereby consent to permit the coach and staff working at the Competitive Edge Institute, LLC to provide emergency first-aid or medical treatment for my child/ward, according to their best judgment, in the event he/she suffers an injury or illness while participating in the camp or on the camp premises.

If my child suffers a head injury during camp and there are any signs of concussion, I understand that my child will be removed from participation until he/she is cleared by the high school athletic trainer OR my child's physician.

The camp is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures and video's taken at camp may be used in any promotional materials and online advertising.

Due to the nature of this camp, there will be no make up dates for poor weather.

This liability form is active for one full year and includes any additional opportunities Competitive Edge Institute may provide to my son or daughter through **June 1st, 2020**.

Camper's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Email Address \_\_\_\_\_

Any Allergies \_\_\_\_\_ Medical Conditions \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ DATE \_\_\_\_\_

Emergency Contact Name and Cell Phone Number \_\_\_\_\_