

Camp Waiver

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek during the period of the camp appropriate medical attention for the camper and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camps' excess medical coverage policy. I/We, the undersigned, understand that soccer is an active, physical sport and that injuries can take place during play. I/We also understand there will be a number of children attending camp, there will be a limited number of coaches and/or counselors and that our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur and we hereby acknowledge that our child is physically fit and mentally capable of participating in soccer and camp activities. I/We, represent that I/We have sought the opinion of our child's physician _____, and (s) he concurs that, my child is fully capable of safely engaging in these activities. I/We also understand that it is my/our responsibility in caring for the camper listed above; to be assured that (s) he is fully capable of engaging in this sports activity. Our heirs, executors, and administrators, waive, release and forever discharge **Goals Galore Soccer School** and its staff, officers, agents, employees, representatives, successors, and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in camp activities or while at camp, whether or not damages, injury, or loss is due to negligence.

Signature of parent or guardian if under 18 years of age

Date