

RELEASE AND WAIVER OF LIABILITY

As the parent or legal guardian of _____ (camper name), I give my consent for him/her to participate in the camp or clinic ("camp") programs conducted and/or sponsored by the Kansas Soccer Camp. I understand that participation in soccer, and related activities involves certain risks, and may result in unavoidable injuries. The injuries may include muscle strains and tears, broken bones, and severe injuries including, but not limited to, permanent paralysis, or even death. I am fully aware of the risks and possibility of injury involved and acknowledge that I am assuming the risk of such injury by my child's participating in the camp.

I further acknowledge that I agree that I will be responsible for any and all medical and related bills that may be incurred by me for any illness or injury that my child may sustain during the camp and while traveling to and from the site for the camp.

I hereby authorize the employees of the camp to act according to their best judgment in any situation requiring medical attention, and give permission for my child to receive emergency medical treatment or transfer to the appropriate medical facility should the employees of the camp deem it appropriate.

Knowing these facts and in consideration of my child's participation in the camp program, I, acting as parent or legal guardian, agree to release and hold harmless the respective officers, directors, representatives, members, agents, employees, coaches, or agents of the State of Kansas, the Board of Regents for the State of Kansas, the University of Kansas, Kansas Athletics, Inc., the coaches and support staff of the Kansas Soccer program, from any and all liability for negligence or any other claim, demand, action, judgment, loss, liability, cost and expenses (including without limitations, attorney's fees and costs) arising out of or in connection with the camp, including any claim arising out of or in connection with, whether directly or indirectly, any illness, injury, damage or loss to person or property that my child may incur or sustain during the camp, all activities associated with the camp, and while traveling to and from the site for the camp.

I acknowledge that I have read this Release and Waiver of Liability in its entirety and fully understand its contents. I am aware that this Release contains an acknowledgement of my voluntary and knowing assumption of the risk of illness or injury. I further acknowledge that I have signed this document voluntarily and of my own free will.

Parent Signature

date

Address:

Phone Number:

_____ (home)
_____ (work)
_____ (cell)