

# Salisbury Advance Women's Soccer Camp

## I. ASSUMPTION OF RISK AND WAIVER OF LIABILITY

**NOTE:** Before signing, carefully read the statements below. Do not sign unless you fully understand the risks of the program. In signing this form, you state that you understand the nature and purpose of the soccer activity that you will be participating in, and that you agree to assume the risk of injury that could be involved in said activity.

### Assumption of Risk

I, the undersigned, am voluntarily participating in the soccer camp offered by Kijada Sports LLC at Salisbury University. I understand that participation in any soccer activity involves a certain degree of risk and danger. These risks may include, but are not limited to: strains, sprains, dislocations, lacerations, bruises, broken bones, head injury, concussion, dismemberment, other serious injuries or even death. I attest that I am familiar with any softball activity that I will be participating in, as well as the risks associated with the same. I voluntarily assume the risks associated with any soccer activity that I participate in, including the risks of travel and any usage of equipment and facilities. I am aware that Salisbury University and Kijada Sports LLC does not provide medical insurance coverage, and therefore that I take full responsibility for my medical costs. I attest that I am physically and emotionally able to participate in any soccer activity that I participate in. I understand that no one in connection with Salisbury University & Kijada Sports LLC will determine my level of readiness to participate. I attest that I have had the opportunity to ask any questions that I have concerning the soccer camp/activities.

### Waiver of Liability

I, the undersigned, on behalf of myself, my heirs, administrators and assigns, unconditionally release and forever discharge Kijada Sports LLC and Salisbury University, the State of Maryland, the Board of Regents of the University System of Maryland, the University System of Maryland, and the respective agents, officers, employees, servants, volunteers and representatives of each of the above entities ("Releasees"), in both their personal and official capacities, from any and all claims, charges, suits, actions, damages and expenses, including attorney fees, which relate to or pertain to my participation in any Soccer activity. This release is intended to be a complete release extinguishing all claims against the Releasees.

I do not possess any health problems or physical limitations that I, or my doctor, feel would restrict my active participation, or the safety of others, in any soccer activity that I participate in.

Print Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

(If participant is under 18 years of age)

## II. PERSONAL AND CONTACT INFORMATION

**Please complete ALL of the following information for our records: (Please Print Neatly)**

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Year: Fr So Ju Sr

Email: \_\_\_\_\_ Gender: M / F Student ID# \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_