Kijada Sports LLC

**Salisbury Junior Academy for Girls**

**& Advance Camp Waiver**

**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 soccer 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.

**COVID-19 WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT Kijada Sports, LLC.**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Kijada Sports, LLC has put in place preventative measures to reduce the spread of COVID-19; however, we cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending The Salisbury Advance Women’s Soccer Camp / Junior Academy for Girls could increase your risk and your child(ren)’s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that my child(ren) and I may be exposed to or infected by COVID-19 by attending The Salisbury Advance Women’s Soccer Camp / Junior Academy for Girls and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at The Salisbury Advance Women’s Soccer Camp / Junior Academy for Girls may result from the actions, omissions, or negligence of myself and others, including, but not limited to, The Salisbury Advance Women’s Soccer Camp / Junior Academy for Girls employees, volunteers, and program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to my child(ren) or myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I or my child(ren) may experience or incur in connection with my child(ren)’s attendance at The Salisbury Advance Women’s Soccer Camp / Junior Academy for Girls programming (“Claims”). On my behalf, and on behalf of my children, I hereby release, covenant not to sue, discharge, and hold harmless The Salisbury Advance Women’s Soccer Camp / Junior Academy for Girls, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of The Salisbury Advance Women’s Soccer Camp / Junior Academy for Girls, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any of The Salisbury Advance Women’s Soccer Camp / Junior Academy for Girls programs.

I certify that I have read the foregoing Agreement, and that by signing below, I acknowledge that I understand and agree to be bound by all of the terms and conditions hereof, I further acknowledge that I may request a fully executed copy of this Agreement but is not given without prior request.

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: (\_\_\_\_\_) \_\_\_\_\_\_-\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: M / F

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