



Waldorf College Resident Team Camp 2007

First Name: _____

Last Name: _____

Date of Birth: ___/___/_____

Age: _____ Club or HS _____

Parent/Guardian Information:

Name: _____

Address: _____

Emergency/Phone: _____

ACKNOWLEDGEMENT OF RISK AND RELEASE OF LIABILITY

- Due to the nature of the physical strain, contact, and/or collisions that are part of athletic participation, I understand there exists a risk of serious physical injury, including catastrophic injury. I understand that the dangers and risks include, but are not limited to, death, serious head, neck and spinal injuries, and well-being.
- I attest that I am physically and mentally able to participate in this camp.
- I promise to follow the rules and not to utilize illegal or unsafe techniques or engage in conduct that may put others or me at increased risk.
- I also agree to assume responsibility for taking good care of all equipment issued to me and reporting any defects to the coach.
- I also assume full responsibility for immediately reporting any and all injuries to the coach.

I hereby knowingly assume responsibility for any and all such risks and any and all resulting injuries, disease, illness or damage to my person arising from participation in this Camp; and release and discharge Waldorf College, its affiliated organizations, owners, offices, employees, agents, or contractors from all actions, claim or demands that I, my heirs, guardians, legal representatives, or assigns now have or may hereafter have for injury, illness, or damage resulting from negligence or other acts associated with my participation in this activity.

My signature below indicates that:

- I have voluntarily applied to participate in the Resident Soccer Camp at Waldorf College.
- I will abide by all rules and regulations for camp, dining services, and resident halls.
- I have carefully read this agreement and fully understand its contents.
- I am aware that this is a release of liability and contract between me and Waldorf College and I sign of my own free will.

Participant's Signature: _____

Date: ___/___/_____

Parent/Guardian's Signature: _____

Date: ___/___/_____

(If Athlete is under 18 years of age)