

Auburn University Youth Program

Informed Consent, Voluntary Waiver, Release of Liability, & Assumption of Risks Form

PROGRAM INFORMATION

Program Name (hereafter "Program"): Auburn Soccer Camp Inc. _____
Date(s): Summer 2021 _____
Location: Auburn University _____

PARTICIPANT INFORMATION

Name of Participant: _____
Address: _____
City: _____
State: _____
Zip: _____

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING.

THIS IS A LEGALLY BINDING DOCUMENT. THIS FULLY SIGNED FORM MUST BE FULLY SIGNED AND SUBMITTED BY A PARENT OR LEGAL GUARDIAN BEFORE ANY CHILD IS ALLOWED TO PARTICIPATE IN THE ABOVE-REFERENCED PROGRAM.

I, the undersigned, wish for my Child (hereafter "Child") to participate in the above referenced Auburn Soccer Camp Inc. (hereafter "Soccer Camp") on the date(s) and location(s) indicated above and, in consideration for my Child's participation, I hereby agree as follows:

I understand that Auburn Soccer Camp Inc. is operated as an individual enterprise and is not owned, sponsored, or operated by Auburn University.

I acknowledge, understand, and appreciate that Soccer Camp involves competition and sometimes physical contact with and against other participants and as part of my Child's participation in the Soccer Camp there are dangers, hazards, and inherent risks to which my Child may be exposed, including mental anguish, the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. I further realize that participating in the Soccer Camp may involve risks and dangers, both known and unknown, may arise from my Child's own actions, inactions, or negligence as well as from the actions, inactions, or negligence of others, or the condition of the premises, and have elected to allow my Child to take part in the Program. I also acknowledge and understand that there may be other dangers, hazards, or risks not presently known or reasonably foreseeable. Therefore I, on behalf of my Child, voluntarily accept and assume all risk of injury, loss of life, or damage to property arising out of training for, preparing for, participating in, and traveling to, during, or from the Soccer Camp.

I acknowledge that specialized experience and skills may be necessary to participate in Soccer Camp and I confirm that my Child possesses such experience and skills. I understand that physical exercise is required for Soccer Camp. I acknowledge that my Child is currently not suffering from, nor has he/she previously suffered from, any physical and/or mental disability which would preclude him/her from participation in Soccer Camp, that would endanger him/her or others or would interfere with his/her ability to safely participate. I acknowledge and agree that it is the responsibility of me and my Child to determine whether my Child is sufficiently fit and healthy to safely participate in Soccer Camp, and I attest and certify that he/she is sufficiently fit and physically trained.

I, on behalf of my Child, hereby release the Soccer Camp, Soccer Personnel, Auburn University; its Board of Trustees, individually and collectively; Administrators; Faculty; Staff; Student Leaders; and all other officers, directors, employees, and agents (hereafter "Auburn") and the entity known as Auburn Soccer Camp Inc. and all of its coaches, employees, volunteers and agents (hereafter "Camp Operation") from any and all liability as to any right of action that may accrue to my, or my Child's, heirs or representatives for any injury to my Child or loss that my Child may suffer while training for, preparing for, participating in, and traveling to, during, or from the Soccer Camp. This agreement is binding on the heirs and assigns of my and my Child. To the extent that my Child engages in activities that are not part of Soccer Camp and from which he/she may sustain injury or damages, or cause others to be injured or sustain other damage, I understand that Auburn and Camp Operation will not be held responsible.

I, on behalf of my Child, furthermore release, indemnify, and hold harmless Auburn and Camp Operation from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss, or liability for injury to person or property that I or my Child may suffer, for which my Child may be liable to any other person, that may or does arise out of my Child's participation in the Soccer Camp. I understand that Auburn accepts no responsibility for my Child's personal property.

Auburn does not accept responsibility or liability for providing health care insurance for my Child. I acknowledge that I should consult my Child's medical care provider regarding my Child's participation in Soccer Camp, and I warrant my Child's physical fitness to participate in the Soccer Camp. In the event of an accident or serious illness, I hereby authorize representatives of Auburn and/or Camp Operation to obtain medical treatment for my Child on my behalf.

I hereby hold harmless and agree to indemnify Auburn and Camp Operation from any claims, causes of action, damages, and/or liabilities arising out of or resulting from said medical treatment. I further agree to accept full responsibility for any and all expenses, including medical expenses that may derive from any injuries to my Child that may occur during their participation in the Soccer Camp and agree to indemnify and hold Auburn and Camp Operation harmless for any claim that may be made by a doctor or medical facility for said fees and charges incurred in the provision of medical care to my Child.

This RELEASE shall be governed by and construed under the laws of Alabama. I agree that any legal action or proceeding relating to this RELEASE, or arising out of any injury, death, damage, or loss as a result of my Child's participation in any part of Soccer Camp, shall be brought only in Lee County, Alabama.

This RELEASE contains the entire agreement between the parties to this agreement and the terms of this RELEASE are contractual and not a mere recital. The information I have provided is disclosed accurately and truthfully. I have been given ample opportunity to read this document and I understand and agree to all of its terms and conditions. I understand that I am giving up substantial rights (including my right to sue), and acknowledge that I am signing this document freely and voluntarily, and intend by my signature to provide a complete and unconditional release of all liability to the greatest extent allowed by law. My signature on this document is intended to bind not only myself and my Child but also the successors, heirs, representatives, administrators, and assigns of myself and my Child.

SIGNATURE IS REQUIRED:

Participant's Name _____

Participant's Signature _____ Date _____

Parent/Legal Guardian's Name _____

Parent/Legal Guardian's Signature _____ Date _____

Camper Name _____ Camp Attending _____

MEDICAL CLEARANCE

I hereby certify the named camper is physically able to participate in Auburn University Sports Camp and that I know of no physical impairments which would in any manner limit his/her participation in such program.

Physician's Signature _____ *Date* _____

OR

Provide any physical accompanied with a physician's signature dated within 12 months of camp with registration or at check-in (State HS physical, etc)

MEDICAL & INSURANCE INFORMATION

Hospitalization Plan: Claim No. _____ Company _____

City _____ State _____ Zip Code _____

Phone _____

FRONT AND BACK COPY OF INSURANCE CARD SHOULD BE INCLUDED

Medical History (if pertinent):

Allergies, present medication, special considerations:

Parent/Guardian _____

Address _____ City _____ State _____ Zip Code _____

EMERGENCY MEDICAL INFORMATION

NAME () PHONE () CELL

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