



EVOLUTION SOCCER CAMP

Participants Name (Last, First): _____ Date: _____

A separate waiver is required for each participant at each camp.

Evolution Soccer Camp

Waiver of Liability, Assumption of Risk and Indemnity Agreement

Waiver: In consideration of being permitted to participate in any Evolution Soccer Camp activities that I have enrolled my child in, as listed on the registration form: hereinafter called “The Activity”, I, for myself, my heirs, personal representatives or assigns, do hereby **release, waive, discharge, and covenant not to sue Evolution Soccer Camp**, its officers, employees, and agents for any liability **from any and all claims** including negligence, up to the level allowed by California law, resulting in personal injury, accident, or illnesses (up to and including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from minor (such as scratches, bruises, and sprains), major injuries (such as eye injury or loss of sight, joint or back injuries, broken bones, heart attacks, and closed head injuries-concussions) to catastrophic injuries (such as permanent spinal cord injury-paralysis and/or death).

I have read the pervious paragraph and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my or my child’s’ participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree to indemnify and hold Evolution Soccer Camp harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney’s fees brought as a result of my (or my child’s) involvement in The Activity and to reimburse Evolution Soccer for any such expense incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the state of California and that if any portion there of is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend be my signature to be a complete and unconditional release of all liability to the greatest extend allowed by law.....

Signature of Parent/Guardian of Minor

Signature of Participant

Participants Name (Last, First): _____ Date: _____
A separate consent/agreement is required for each participant at each camp.

Evolution Soccer Camp

Emergency Medical Treatment Consent and Participant Agreement

Authorization to Consent to Treatment of Minor:

I (We), the undersigned parent(s)/guardian(s) of _____, a minor, do hereby authorize Evolution Soccer Camp, its officers, employees, or agents to consent to any emergency medical treatment considered necessary for the preservation of my child's life or limb by a licensed Medical Doctor at any local hospital. I specifically authorize any X-ray examinations, anesthetic, medical or surgical treatment or diagnosis, or hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of, any physician and/or surgeon licensed by the State of California. Additionally, I consent to have any X-ray examination, anesthetic, dental or oral surgery diagnosis or treatment, or hospital care administered which is deemed advisable by and is to be rendered under the supervision of any dentist licensed in the State of California.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospitalization to provide authority and power on the part of Evolution Soccer Camp and its assigns to give specific consent to any and all such diagnosis, treatment, or hospitalization, which aforementioned physician or dentist may deem advisable in their best professional judgment. It is also understood that every effort will be made to contact the child's parent(s) and/or guardians as soon as possible. The purpose of this release is to eliminate any delay in treatment that may increase or worsen the severity of injury or pain and suffering of the injured participant.

It is understood that this consent will be in effect for the duration of participation in Evolution Soccer Camp, 20__.

Signature of Parent/Guardian of Minor

Signature of Participant
(only if over 18 years of age)

Full Name of Parent/Guardian of Minor

Date

Contact information for hospital use only:

(Name of Participate)

Emergency Contact Number: _____