

## Parent's Camper Assumption of Risk & Waiver of Liability Agreement

I agree to allow my child to participate in the **Santa Clara University Women's Soccer Camp and Clinics** and affirm that my child's participation is entirely voluntary. I also understand that participation in the **Santa Clara University Women's Soccer Camp and Clinics** involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems; and muscular and skeletal stresses and strains due to strengthening and conditioning exercises. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, fractures, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the **Santa Clara University Women's Soccer Camp and Clinics** staff prior to signing this agreement. I also understand that, despite safety precautions, SCU cannot guarantee that my child will not be injured. I, as my child's parent/guardian agree to assume all these risks. I understand that the best way to make sure that my child remains safe and avoids injury is for him/her to follow the rules, regulations and instructions of the staff of the **Santa Clara University Women's Soccer Camp and Clinics**. My child and I are willing to and have assumed these risks. To minimize the risks, I have instructed my child to obey all the rules, regulations and instructions of the **Santa Clara University Women's Soccer Camp and Clinics**. In consideration for permitting my child to participate in the **Santa Clara University Women's Soccer Camp and Clinics**, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by my child or any loss or damage to property owned by my child as a result of training for or participating in the **Santa Clara University Women's Soccer Camp and Clinics**.

TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE the persons or entity responsible for administering the **Santa Clara University Women's Soccer Camp and Clinics**, Santa Clara Soccer Solutions, Santa Clara University, or its trustees, officers, employees, agents, students, and staff from any and all liability, claims, actions, demands, expenses, attorneys' fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child or me, or to any property belonging to my child or me, while training for or participating in the **Santa Clara University Women's Soccer Camp and Clinics**.

TO AUTHORIZE THE STAFF OF THE **Santa Clara University Women's Soccer Camp and Clinics** to act for me, according to their best judgment, in seeking or obtaining any emergency medical attention for my child. I have no knowledge of physical impairment that would be affected by my child's participation in the **Santa Clara University Women's Soccer Camp and Clinics** as outlined in the brochure/flyer.

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Signature \_\_\_\_\_