

Ironsides Soccer ID Clinic Waiver

Parent/Legal Guardian Release Form

Player's Name: _____
D.O.B.: _____ Sex: _____
(please print)

Parent Name(s): _____
Phone #s: _____
(please print)

I, the player's parent/legal guardian, understand the nature of camp activities, certify that the player is able to participate in the program, and grant permission for said participation. I agree to assume and take on myself all of the risks and responsibilities in any way arising from or associated with this Camp. On behalf of myself, my child, our assignors, executors and heirs, I hereby release, discharge, covenant not to sue, and agree to indemnify and hold harmless Ironsides Soccer Consulting LLC("Releasees"), its owners, officers, agents and employees from any and all liability, damage and claims of any nature arising from or in any way related to my child's participation in this program. I release 'Releasees' from any and all claims, demands, suits, judgments, damages, actions and liabilities of every name and nature whatsoever, whenever occurring, whether known or unknown, contingent or fixed, at law or in equity, that my son may suffer at any time arising from or in connection with the Activity, including any injury or harm, my son's death, or damage to my property (collectively "Liabilities"), and I agree to defend, indemnify, and save 'Releasees' harmless from and against any and all Liabilities.

Parent Signature: _____
Date: _____

Medical and Emergency Information

In anticipation of my child's participation in the camp program, I certify that I have consulted with my child's physician and that my child has been medically cleared for camp-related activity. I agree that I am financially responsible for any and all medical expenses associated with my child's participation in this program. I understand that my child will not be allowed to participate in this program without medical insurance coverage as documented below.

Insurance Provider: _____
Policy #: _____
Policy Holder's Name: _____
Date of last tetanus shot: _____

List any & all medications: _____

Does your child need clinic staff to store and/or dispense medication?

YES _____ NO _____

If yes, please provide specific instructions: _____

List any medical condition or history that would require special attention (e.g., medication or food allergies, asthma, diabetes, epilepsy); also, please provide treatment protocol (e.g., inhaler, Epipen, insulin):

Emergency Treatment/Pick Up Form

Primary Emergency Contact Name & Phone #
(include area code):

Secondary Emergency Contact Name & Phone #
(include area code):

Parent/Guardian
Signature: _____
Date: _____

Persons Permitted to Retrieve Your Child from Camp:

Please let us know if there are special arrangements or restrictions for early dismissal or retrieving your child during the combine.

Name of the person or persons to whom we may release your child:

If player needs to be released at any time other than the end of clinic please specify date and time here:

Is there additional information that we need to know? (For example, if your child is named as a "protected person" in an order of protection or civil restraining order, you may inform us and provide us with a copy of the document.)

IRONSIDES SOCCER WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of Ironsides Soccer ID Camps and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Ironsides Soccer, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of participant: _____

Participant signature: _____

Date signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

*****PLEASE NOTE WE WILL HAVE A DIGITAL THERMOMETER AT THE FIELD AND YOU WILL BE REQUIRED TO HAVE YOUR TEMPERATURE CHECKED AT THE FIELD BEFORE PARTICIPATING*****

Ironsides Atlantic Colleges W&L 1 day ID Camp Waiver Form

Assumption of Risk and Acknowledgment:

I verify that my child, _____, has been checked by a licensed physician and is physically able to participate in the Ironsides Atlantic Colleges ID Camp being held _____ on the Washington and Lee University Campus.

(insert date)

In addition, I understand that attendance at this camp carries certain risks of injury and I (and my child) assume all risks resulting from participation in this camp. I will hold harmless The Washington and Lee University, its Trustees, officers, employees, agents, and any and all affiliated departments from any and all liability, causes of action, claims and demands of every kind or nature whatsoever which may arise in connection with or resulting from participation in any of the camp activities.

Participant's Name: _____

Parent's/Guardian's Signature _____

Date: _____