



## Waiver, Release, and Hold Harmless Agreement

I, the undersigned, hereby acknowledge my receipt of the permission and privilege to participate in the soccer camp training sessions scheduled for \_\_\_\_\_, to take place at Jackson Recreational Park, 41 South Fairlane Ave., Myerstown, PA 17067, as directed by Keith Fulk Soccer Camps, LLC. In consideration of the permission and privilege allowed me hereunder, I do hereby specifically agree that I will indemnify, save and hold harmless Keith Fulk Soccer Camps, LLC its officers, agents, employees, and all persons whether participants or spectators at or elsewhere from any or all losses, claims, actions or proceedings of any and every kind and character which may be presented or initiated to recover money, property, or damages for any injuries to person, or injurious results, or any damages to property suffered during the conduct of the above event described, and arising directly from any activity by me as a member participant.

In accepting the permission and privilege to participate under this waiver, release, and hold harmless agreement, I understand that this waiver, release, and hold harmless agreement extends to and applies to any personal injuries, injurious results, damages or losses which I, myself, may experience or sustain while participating in the above named event. I covenant for myself, my estate, executors, heirs, and assigns, not to file suit or initiate any claim procedures in respect to any personal injuries, property damages, or losses I may experience or sustain arising directly or indirectly out of my activities hereunder. I freely assume all risks, hazards, and losses which may befall me in connection with my exercise of the permission and privilege allowed me hereunder.

To ensure prompt attention in case of sickness or accident, I hereby authorize the person or persons in charge to incur the costs considered necessary for treatment, and I agree to pay for same if this is in excess of the amount paid by any personal accident or health insurance policy that may be in effect at the time of sickness or accident.

This waiver, release, and hold harmless agreement shall apply to any and all activities associated with the above named event by the undersigned on the training area in use by Keith Fulk Soccer Camps, LLC. I, the undersigned, also relieve of all responsibility of my participation in the above event Jackson Recreational Park, its agents, employees and all persons connected with Keith Fulk Soccer Camps, LLC. I have read this release and understand all of the terms. I execute it voluntarily and with full acknowledge of its significance.

\_\_\_\_\_  
*Participant's Signature*

\_\_\_\_\_  
*Parent/Guardian Signature*

\_\_\_\_\_  
*Print Participant's Name*

\_\_\_\_\_  
*Print Parent/Guardian Name*

*(Parent approval and signature is required if participant is under the age of 18)*

Please list name of person to notify in an emergency:

Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Relationship : \_\_\_\_\_

Please note any medical condition/allergies you may have that we should be aware of in case of an emergency:

\_\_\_\_\_