

## JUMBO SOCCER CLINICS, LLC 2016

### Waiver and Indemnity Form:

All campers must have their own medical coverage. Campers will not be allowed to play unless the following information is submitted and signed by the parent/guardian. I certify that my child is in excellent health and may participate in strenuous and hazardous physical activities, including soccer to be played at camp. I certify that there are NO physical limits to my child's participation in camp. Permission is granted for my child to receive emergency medical treatment if necessary. I hereby release, Tufts University and Jumbo Soccer Clinics, LLC, and all their agents, employees, and affiliates from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or loss suffered by my child in connection with participation in all camp activities including, but not limited to soccer related activities.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

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

