SOCCER CAMP REGISTRATION

| Camp: Highlander Soccer Camp (6/20) | Mad River Soccer Camp (7/18) | | | |
|---|--|--|---|---|
| VT HS Academy Program (July) | HU/CMBS Pre-season (8/1) | | | |
| HUHS Preseason (8/1) | | | | |
| Name: Gende | er: M: | F: | Age: | |
| Email: I | Phone(s): | | | |
| T-shirt size (register by 6/1/16 to guarantee T-shirt): | YS: | YM: | YL: | |
| AS: | AM: | AL: | AXL: | |
| HIGHLAND SOCCER SYSTEM | S WAIV | ER & RELEA | SE OF LIABII | LITY |
| Participant's Name: | | | | |
| instruction in sports activities or any activities incidental thereto waive any and all claims both present and future resulting from assigns, and I relinquish on behalf of myself, spouse, heirs, established in the participation in soccer can involve certain the resulting in complete or partial paralysis, brain damage, and so that equipment provided for my protection may be inadequate to involves activities incidental thereto, including, but not limited to remote from available medical assistance, and the possible reactivity with knowledge of the danger involved and hereby agrefurther agree to indemnify and hold harmless Highland Socce arising as a result of my participation in this activity or any account. I understand that this waiver is intended to be as broad and incomposition is held invalid, the remainder of the waiver will collegal proceedings shall be in the state of Vermont. I affirm that I am of legal age and am freely signing this agreed am giving up legal rights and/or remedies, which may be availated. | m ordinary rete and assignable assignable and assignable assignabl | negligence that may be as to recover for injury ling but not limited to to virtually all bone rious injury. In additionand from the site of the fact of other participal any and all risks of propon Haddox, and all dental thereto, wherever the fact of the laws of the fact of the fact of the laws of the fact of the laws of the fact of the fact of the fact of the fact of the laws | the made by me, my far y or death. Ito, death, serious necles, joints, muscles and on, I understand that per activity, participations. I am voluntarily reperty damage, person others listed above for yer, whenever, and howeful the State of Vermon fect. I further agree the ally understand that, by | k and spinal injuries internal organs, and participation in sports on at sites that may be participating in this nal injury or death. I or any and all claims wever the same may nt, and I agree that if nat the venue for any y signing this form, I |
| the parties listed above. | | | | |
| Signature of Participant | | Date | | |
| | | | | |
| Signature of parent or guardian if Participant is a min | ior | Date | | |