

Kaukauna High School
"Kaukauna High School Boys Soccer Clinic"
Waiver and Release of Liability

In consideration of being allowed to participate in any way in the Kaukauna High School Boys Soccer Clinic and related events and activities:

1. I acknowledge and fully understand that I may be engaging in activities that involve risk or serious injury, including permanent disability and death, and severe social and economic losses which might result not only from my own actions, inactions or negligence, but the actions, inactions or negligence of others, the rules of play, or the conditions of the premises or of any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.

In the event that I sustain injury or illness while participating with the Kaukauna Boys Soccer Clinic, I hereby authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf my permission forms or other necessary medical documents and to act in my behalf if I am not immediately available to do so.

2. I assume all the foregoing risks and accept personal responsibility for my personal damages following my injury, permanent disability or death.
3. Intending to be legally bound, I do hereby release, waive, discharge and covenant not to sue Kaukauna High School and High School Booster Club, sponsor of Kaukauna Boys Soccer Clinic, its affiliated clubs, their respective administrators, officers, directors, agents and other employees and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from any and all liability to me, my heirs and next of kin for any claims, demands, losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of any releasee or otherwise in connection with association or participation in and/or arising out of my travel to, participation in and returning from participation in the Kaukauna Boys Soccer Clinic

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE, UNDERSTANDS THAT THEY HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

PARTICIPANT: _____

PARENT: _____

DATE: _____