



ORTHOPEDIC ASSOCIATES OF LANCASTER, LTD

WAIVER AND RELEASE OF LIABILITY FORM

This form must be completed for each camp attendee ("Participant"). No player will be allowed to participate in the PA Classics Summer Soccer Camp presented by Orthopedic Associates of Lancaster without this form, properly executed, and on file.

PARTICIPANT'S NAME (type or print): _____

PARTICIPANT'S DATE OF BIRTH (mm/dd/yyyy): _____

I, the undersigned, in consideration for my voluntary participation in organized soccer, do hereby willfully acknowledge that my signature below attests to my understanding and agreement that:

I understand that I may be dismissed from the Camp, without a refund, if in the sole discretion of the Camp Instructor(s) (the "Instructor") I engage in violent conduct, unsportsmanlike behavior or other inappropriate conduct. I agree that I will be responsible for any and all damage to any persons or property that I cause during the Camp.

I assume all risks and hazards associated with my participation in the Camp. I am in sufficient condition to participate in the Course, including in on-the-field activities. I will immediately inform my instructor if this status changes. I further acknowledge that the risks associated with this course may involve loss or damage to me or my property, including the risk of death, or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have executed the medical consent form required for participation in the Camp. I will wear shinguards, properly-fitted and appropriate shoes, and any other appropriate protective equipment (e.g., mouth-pieces) when engaging in on-the-field activities during the Camp.

I acknowledge that neither the Orthopedic Associates of Lancaster, PA Classics or the instructors has insurance that covers my participation. I understand that I am responsible for any and all medical expenses that I incur, or any other harm that I suffer, as a result of my participation in the Camp.

I authorize my photograph, picture or likeness, and voice to appear in any documentary, promotion (including advertising), television, video, or radio coverage of the league or coaching course, without compensation.

I hereby release, waive liability, discharge, hold harmless and indemnify, and agree not to sue, the instructors, Orthopedic Associates of Lancaster, PA Classics, Women's Premier Soccer League (WPSL), National Premier Soccer League (NPSL) or other organization hosting the course, the owners, landlords and tenants of the real property where the Camp is held, any municipalities, government agencies, and their respective directors, officers, members, administrators, employees, managers, coaches, trainers, volunteers, sponsors, advertisers, representatives or agents, as well as their respective successors, affiliates, heirs and assigns.

I have completely read this document and fully understand its contents. I acknowledge that I have given up substantial rights by accepting this document and that I do so voluntarily. My signature attests to this on behalf of me and my executors, personal representatives, administrators, heirs, next-of-kin, successors, and assigns.

As the parent and natural guardian or legal guardian of the participant, I hereby agree to the foregoing Waiver of Liability and Release for, and on behalf of, the Participant named above. I hereby bind myself, the minor, and all other assigns to the terms of the Waiver of Liability and Release. I represent and certify that I have the legal capacity and the authority to act for, and on behalf of, the minor in the execution of this Waiver of Liability and Release.

Parent or Guardian Name (PRINT)

Parent or Guardian Signature

Date Signed