



Consent, Waiver and Release

PLEASE PRINT CLEARLY

PLAYER INFORMATION

First Name _____ Date of Birth _____
Last Name _____ Gender _____

ATHLETE CODE OF CONDUCT

I hereby agree to abide by the rules of conduct as set forth by the Erie Premier Sports, LLC, Allegheny Valley Soccer Academy camp and their staff. I agree to abstain from use of alcoholic beverages, use of drugs, and smoking of any kind. I further agree to abide by curfew regulations as established by the and not to absent myself from my group at any time. I fully understand my failure to abide by these and other regulations could result my being expelled from the camp and sent home. I agree I will not be entitled to any monetary refund for those days following my expulsion.

Player Signature _____ Date _____

WAIVER OF LIABILITY, INDEMNITY AGREEMENT, AND ASSUMPTION OF RISK

Waiver: In consideration of permission to use, today and on all future dates, the property, facilities, and services of AVSA - Allegheny Valley Soccer Academy behalf of myself, my heirs, personal relatives, or assigns, do hereby release, waive, discharge and covenant not to sue Erie Premier Sp its directors, officers, employees, volunteers, independent contractors, and agents from liability from any and all claims arising from b ordinary and gross negligence of AVSA - Allegheny Valley Soccer Academy or any of the aforementioned parties. This agreement applies to 1) personal injury including death, from accidents or illnesses arising from participation in AVSA - Allegheny Valley Soccer Academy activities including, but not limited to, organized activities, classes, observation, and individual use of the facilities, premises, or equipment; and to 2) any and all claims result from the damage to, loss of, or theft of property.

Indemnification and Hold Harmless: I also agree to hold harmless and indemnify AVSA - Allegheny Valley Soccer Academy from all claims resulting from negligence and to reimburse them from any expenses incurred as a result of my involvement at AVSA - Allegheny Valley Soccer Academy. I further agree to all costs and attorney's fees incurred by AVSA - Allegheny Valley Soccer Academy in investigating and defending a claim or suit if my claim is withdrawn, or the extent a court or arbitration determines that AVSA - Allegheny Valley Soccer Academy is not responsible for injury or loss.

Severability and Venue: The undersigned further expressly agrees that the foregoing waiver and assumption of risk agreement is intended to be as broad and inclusive as is permitted, by the law of the State of Pennsylvania and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. Likewise, I agree that if legal action is brought, it be brought in Erie County, Pennsylvania.

Assumption of Risk: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of th care taken to avoid injuries. AVSA - Allegheny Valley Soccer Academy has facilities for and provides activities such as weight lifting, walking, jogging, and running aerobic activities, racquetball, basketball, and soccer. Some of these involve sustained physical activity, which places stress on the cardiovascular system. The specific risks vary from one activity to another, but in each activity the risks range from 1) minor injuries s as scratches, bruises or sprains to 2) major injuries such as loss of sight, joint or back injuries, concussions, and heart attacks 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know the nature of the activities at AVSA - Allegheny Valley Soccer Academy. I understand the demands of those activities relative to my physical condition and skill level, and I appreciate the types of injuries, which may occur as a result of activities made possible by AVSA - Allegheny Valley Soccer Academy. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Acknowledgement of Understanding: I have read this Waiver of Liability, Indemnification Agreement, and Assumption of Risk, and full understand its terms. I understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend my signature to be a complete and unconditional release of all liability to the greatest ext allowed by law in the State of Pennsylvania.

Parent/Guardian Signature _____ Date _____



Insurance Information and Medical Release

PLAYER INFORMATION

First Name _____ Date of Birth _____
Last Name _____ Gender _____
Address _____
City _____ State _____ Zip _____

T-Shirt Size – AXL - AL - AM - AS – YL - YM

PARENT / GUARDIAN INFORMATION

First Name _____ Primary Phone _____
Last Name _____ Secondary Phone _____

EMERGENCY CONTACTS (if parent/guardian cannot be reached)

First Name _____ Relationship to Player _____
Last Name _____ Primary Phone _____

First Name _____ Relationship to Player _____
Last Name _____ Primary Phone _____

INSURANCE INFORMATION

Company Name _____ Co. Phone Number _____
Group # _____ ID # _____
Policy Holder Name _____

PLAYER MEDICAL HISTORY (please write "None" if not applicable)

Current medical conditions. _____
Any recent injury requiring medical attention. _____
Currently (or recently) taking any medication. _____
Any severe head or neck injuries. _____
Any chronic illnesses (epilepsy, diabetes, etc). _____
Any allergies or adverse drug reactions. _____
Any major surgical operations. _____
Any restrictions on activities. _____
Date of last Tetanus booster. _____

ACKNOWLEDGEMENT TO PARTICIPATE, AND RELEASE OF TREATMENT

I acknowledge that this player is in good health and can participate in all activities without restriction, unless indicated above.
Release of Treatment: In the event of any illness or injury to my child, I give the attending medical staff permission to administer treat while continuing to contact the parent, guardian, or designated contact.

Parent/Guardian Signature _____ Date _____