

Coerver Participant Waiver

I/We the undersigned hereby certify that I(we) am(are) the parent(s) or legal guardian(s) of the player/camper/student. I(We) hereby give permission for the staff of the Event/Camp/School to seek appropriate medical attention for the player/camper/student and for the medical attention to be given and for the player/camper/student to receive medical attention in the event of accident, injury or illness. I/We will be responsible for any and all costs of medical attention and treatment, except for that covered by the player/camp/school's excess medical coverage policy. I/We, the undersigned for ourselves, our heirs, executors and administrators waive, release and forever discharge SportsMethod USA Inc, EPL Soccer llc, d/b/a Coerver South Carolina and its staff, officers, agents, employees, representatives and successors and assign of and from all rights and claims for damages, injury or loss to person or property which may be sustained or occur during participating in Event/Camp/School activities or while at Event/Camp/School, whether or not damages, injury or loss is due to negligence. I/We hereby acknowledge that our child is physically fit and mentally capable of participating in soccer event/camp/school activities. This covers all activities for the winter 2019/2020 season the player/camper/student participates in.

Player Name

Parent/Guardian Name

Parent/Guardian Signature Date