

SNC 2017 MEN'S SOCCER STRIKER CAMP 2

REGISTRATION FORM

July 12th, 2017



ST NORBERT MENS SOCCER STRIKER
C/O SCHULDES SPORTS CENTER
100 GRANT ST
DEPERE, WI 54115

Player's Name _____ Parent Name(s) _____

E-mail address _____ (Primary mode of communication)

Home address _____

Cell Phone () _____ Home Phone () _____

Please Check One – Commuter \$60.00

Shirt Size _____ DOB _____

Dietary Restrictions _____

-Please make checks payable to First Touch LLC-

**St. Norbert College, Inc. / First Touch LLC
Release, Waiver of Liability, Assumption of Risk, & Indemnity Agreement
St. Norbert College Striker Camp
July 12th, 2017**

I, the undersigned parent/legal guardian, request voluntary participation for my minor(s) to participate in the St. Norbert College Men's Soccer Striker Camp Monday July 12th, 2017.

ASSUMPTION OF RISKS: I acknowledge that I am aware there are risks associated with or related to the "activity", such as, but not limited to, running, passing, kicking, stretching, chest traps, stopping/defending/heading and foot maneuvers with/of ball, all of which are hereinafter referred to as the "activity". Participation in the "activity" carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Although the risk of injury is low during the activity, there are still risks. These risks range from (1) minor injuries such as slips, falls, cuts, scratches, bruises, sprains/strains, (2) major injuries such as eye, joint or back injuries, fractures, heart attacks, heat stroke, and concussions, (3) catastrophic, life-altering injuries including paralysis, to (4) death. I freely accept and fully assume all such risks, dangers

and hazards and the possibility of personal injury, death, permanent disability, property damage or loss resulting thereof. Knowing and understanding the risks involved with participation in the activity, I hereby voluntarily and willingly assume responsibility for all risks and dangers associated with minor's participation in the "activity". Notwithstanding anything herein to the contrary, I acknowledge that the foregoing assumptions of risks does not include any injury arising because of any intentional, willful, or grossly negligent act of any other party.

CONSENT: I consent to my minor's participation in the activity and acknowledge that the minor and I fully understand minor's participation may involve risk of serious injury or death, including losses which may result not only from minor's own actions, inactions or negligence, but also from the actions, inactions, or negligence of others, the condition of the facilities, equipment, or areas where the event or activity is being conducted, and/or the rules of this type of event or activity. **I understand that if I have any risk concerns, I should discuss the risks associated with my participation with the activity coordinators and event staff, before I sign this document and before the activity begins.**

CERTIFICATION OF HEALTH STATUS AND INSURANCE COVERAGE: I certify that minor is in good health and has no physical condition that would prevent participation in this activity. Furthermore, I agree to use minor's personal medical insurance as a primary medical coverage payment if accident or injury occurs. I consent to emergency medical treatment in the event such care is required, and I acknowledge that I am responsible for related costs.

WAIVER/INDEMNITY: In consideration of minor's participation in the activity, I hereby waive all claims or causes of action against St. Norbert College, Inc., First Touch LLC, the Premonstratensian, their Officers, Directors, employees and agents, arising out of minor's participation in the activity and hereby release, hold harmless, and discharge St. Norbert College, Inc., First Touch LLC, the Premonstratensian Fathers, their officers, directors, employees and agents of each of them from all liability in connection therewith except such loss or damage which was caused by the sole negligence or willful misconduct of St. Norbert College, Inc., First Touch LLC, the Premonstratensian Fathers, their officers, employees, representatives and volunteers, and the officers, directors, employees and agents of each of them. I agree I am financially responsible for any losses resulting from minor's actions and will indemnify St. Norbert College, Inc., First Touch LLC, the Premonstratensian Fathers, their officers, directors, employees and agents of each of them, for any loss or damage caused by minor during this activity.

RULES ASSOCIATED WITH THE ACTIVITY: "Participant"/minor agrees to follow any and all rules, policies or procedures promulgated for "The Activity". I attest I have read and understand the "Camp Participant Policies" and have shared them with minor(s).

RELEASE FOR MEDIA/PRESS COVERAGE: I agree that photographs, pictures, slides, movies, video, or other media coverage of minor may be taken and used for legal purposes in connection with minor's participation in the "activity" without compensation from St. Norbert College/First Touch LLC.

TRANSPORTATION: Transportation will not be provided by St. Norbert College/First Touch LLC. It is the parent's/legal guardian's responsibility to provide and/or arrange transportation to and from St. Norbert College.

SEVERABILITY: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the

law of the State of Wisconsin and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

ACKNOWLEDGEMENT OF UNDERSTANDING:

I have read this release and hold harmless agreement and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that I have given up the right to sue and the right to legal recourse against St. Norbert College, Inc., First Touch LLC, the Premonstratensian Fathers, and the officers, directors, employees, agents, sponsors, referees, and land owners, each of them is knowingly given up in return for allowing minor's participation in the "activity". My signature on this document is intended to bind not only myself but also my successors, heirs, representatives, administrators, and assigns. **Please utilize the space below to provide any medical/prescription information that you request be released to emergency medical providers.**

IN WITNESS WHEREOF, I have executed this affirmation and release at De Pere, WI on the date below:

Participant's signature date

Parent's signature (required) date

Participant's Name (print)

(Area code) Phone number

Address

City/State Zip

Emergency contact name (print) (Area code) Phone number

(Area code) Phone number

Relationship to the participant

List Physician Name and Phone Number below:

List known allergies and any other medical/prescription information you request be released to emergency medical providers.

Please return this registration form along with check made payable to:

First Touch LLC to SNC Men's Soccer 100 Grant St De Pere, WI 54115