

**PANTHERS SOCCER SCHOOL  
ELECTIVE/VOLUNTARY ACTIVITY WAIVER**

NAME OF PARTICIPANT: \_\_\_\_\_

Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Acknowledgment of Risk, Safety Responsibilities and Indemnity Agreement**

**Waiver:** In consideration of being permitted to participate in the PANTHERS SOCCER SCHHOL CAMPS/CLINICS, hereinafter called "Activity", I, for myself, my heirs, personal representatives or assigns, do hereby release, waive, discharge, and covenant not to sue PANTHERS SOCCER SCHOOL, its officers, employees, coaches, camp counselors, agents and other participants from liability for any and all claims including the negligence on the parts of Adelphi administrators, coaches and counselors resulting in personal injury, accidents or illnesses, including death, and property or severe economic loss arising from, but not limited to, participation at the camp and associated camp activities, my own actions, inactions, negligence of others, or condition of the premises or terrain.

1. **Acknowledgement of Risks:** Participation in the Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. There may be other risks not known to us or not reasonably foreseeable at this time. The specific risks vary from one activity to another, but the risks range from minor injuries such as scratches, bruises, and sprains to major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions to catastrophic injuries including paralysis and death.
2. **Safety:** I agree that prior to participating and periodically during the outing, I will inspect the equipment, including personal protective equipment and facilities I am using and if I believe anything is unsafe, I will immediately advise a Camp Counselor of such condition and refuse to participate. I will wear proper safety apparel at all times while participating in this Activity.

**Indemnity and Hold Harmless**

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the Activity. I hereby assert that my participation is voluntary and that I knowingly assume all risk of participation and accept personal responsibility for the damages following any injury, permanent disability or death and agree not to bring suit against the Adelphi University, its officers, employees, coaches, camp counselors, agents and other participants. I also agree to INDEMNIFY AND HOLD PANTHERS SOCCER SCHOOL, its officers, employees, agents, coaches, counselors and other participants HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in the Activity and to reimburse them for any such expenses incurred.

**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 New York and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

**Acknowledgment of Understanding:** I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and **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 by my signature to be a complete and unconditional release of all liability** to the greatest extent allowed by law.

\_\_\_\_\_  
Signature of Parent of Minor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Participant (18 or older) Date

**PANTHERS SOCCER SCHOOL  
CONSENT FOR EMERGENCY MEDICAL CARE**

Sports activities are strenuous. Participants should be healthy enough to withstand the physical rigors of the sport. You are advised to seek the professional opinion of a physician if there is any question the Activity may compromise the health of the participant. The following information is required by healthcare providers should the Participant require emergency medical care.

**Part I to be completed by a Parent/Guardian**

NAME OF PARTICIPANT \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY, STATE \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Weekend Telephone \_\_\_\_\_  
Father's Name \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Business Telephone \_\_\_\_\_ Cell Telephone \_\_\_\_\_  
If not available in an emergency, notify \_\_\_\_\_ Telephone \_\_\_\_\_  
2<sup>nd</sup> Emergency Telephone Contact, notify \_\_\_\_\_ Telephone \_\_\_\_\_

**Part II Family Health Insurance Information**

Name of Insured \_\_\_\_\_ Relationship to Participant \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Group # \_\_\_\_\_ Policy  
Number \_\_\_\_\_ Member ID Number \_\_\_\_\_

**Part III Health of the Participant to be completed by a parent of guardian**

**Medications - Check one (1)**

\_\_\_\_\_ This participant is currently not taking any medication(s) on a routine basis  
\_\_\_\_\_ This participant is currently taking the following medications (please attach additional information regarding each medication)

Medication No. 1 \_\_\_\_\_ Dosage \_\_\_\_\_  
Medication No. 2 \_\_\_\_\_ Dosage \_\_\_\_\_

**Adelphi University is not qualified to administer medications to any participant. The participant should be capable of self administering the medication(s) or schedule the dose for before arrival or after departure.**

**Allergies - Check one (1)**

\_\_\_\_\_ This participant is not known to have any allergies.  
\_\_\_\_\_ This participant is allergic to the following:  
Allergy No. 1 \_\_\_\_\_ Allergy No.2 \_\_\_\_\_

If you are allergic to bee stings it is suggested you bring an EP kit on the camp.

**Part IV TO BE SIGNED BY A PARENT OR GUARDIAN**

I understand that I am responsible for any medical costs and related costs (medications, hospital bills, doctor visits, additional transportation and accommodations, etc.) for my child. I hereby give permission to the medical personnel selected by PANTHERS SOCCER SCHOOL or its representatives, including but not limited to local emergency medical technicians, hospital physicians and nurses, etc., to order x-rays, perform routine tests and medical treatment; to release any records necessary for insurance purposes; and to provide or arrange necessary transportation for my child. In the event I cannot be reached in an emergency, I hereby give permission to the treating physician at the health care facility selected by PANTHERS SOCCER SCHOOL to secure proper treatment for, to order injections and/or anesthesia, and /or surgery for my child named above.

PANTHERS SOCCER SCHOOL has my express permission to act in the place and stead of, and with same authority as the undersigned on behalf the participant throughout the duration of the Activity. This completed form may be photocopied as needed. My signature affirms the information on this form is factually correct.

Name of Parent/Guardian (print) \_\_\_\_\_

Signature of Parent /Guardian or (participant if 18 or older) \_\_\_\_\_ Date \_\_\_\_\_