

Camp Attending: _____

2020 Ray Reid Soccer School Waiver and Release



Camper's Name: _____

I (parent, applicant-participant) understand that the Ray Reid Soccer School is not responsible for accidents or injuries occurring at camp or during transportation of participants to and from camp resulting in medical, dental or other expenses, including the loss of personal items. The camp participant will be held responsible for all property damage that the participant may cause and may be sent home without a refund for violation of camp rules. The applicant must be in good health and be able to participate in the physical activity of a vigorous soccer program. In the event that emergency medical aid/treatment is required due to illness or injury during the camp, it is permissible for the Ray Reid Soccer School to secure and retain medical treatment and transportation if needed. In addition, I give the Ray Reid Soccer School permission to transport the above mentioned child to and from training fields. Also, the undersigned individual and/or as parent or legal guardian of the above mentioned child understands that this camp is not owned or operated by any of the Ray Reid Soccer School sites including: the University of Connecticut and the Town of Storrs, the Town of Mansfield, the Town of Tolland, the Town of Granby, the Town of Guilford and the Town of Simsbury in Connecticut, and do hereby agree to waive, release and hold harmless the University of Connecticut and the Town of Storrs, the Town of Mansfield, the Town of Tolland, the Town of Granby, the Town of Guilford and the Town of Simsbury in Connecticut, and the Ray Reid Soccer School and its agents, servants and employees from any and all causes of action including, but not limited to, negligence and property damage.

I do also hereby release the Ray Reid Soccer School and all those mentioned above and any others acting on behalf of the Ray Reid Soccer School from any responsibility or liability for any injury or damage to the camper named in this release, including those caused by the negligent act or omission of any of those mentioned or others acting on their behalf or in any way arising out of or connected with the camper's participation in any activities of the Ray Reid Soccer School. I also grant the Ray Reid Soccer School the right to use any photographs of camp activities in future promotional materials for the camp.

Insurance Company: _____

Policy Number: _____ Group Number: _____

Emergency Contact Name: _____

Emergency Contact Cell Phone: _____

Camp nurse and/or physician may administer over the counter medication: Yes No

Does this individual have allergies: Yes No

Parent/Guardian Signature: _____ Date: _____