CAMP WAIVER

I/We being the parents and/or legal guardians of the applicant authorize Steve Holeman Soccer Camps and its agent's permission to request emergency treatment or care as necessary to insure the well being of our department. Further, I claim that the registrant has had a physical examination in the past year and was found fit for all physical endeavors.

I/We being the parent/guardian of the applicant, for and in further consideration of the Soccer Summer Camp accepting said applicant, does hereby re-lease and discharge the curators of Steve Holeman Soccer Camps and its representatives, employees and agents from any and all debts, claims demands, actions, damages, causes of action, judgments of suits of any kind which may arise or be occasioned as a result of the applicant's participation in the Soccer Summer Camp and hereby, agree to have and indemnify and keep harmless the curators of Steve Holeman Soccer Camps, its representatives, employees and agents against any and all liability, claims, judgments or demands for damages arising as a result of any course instruction given the applicant by the Soccer Summer Camp.

I also give my permission for Steve Holeman Soccer Camps to use photographs of my child for purposes of publicity or publications, both internally and externally through various media sources, including but not limited to, newspaper, magazine, internet and television.

Signature

Date

Camper Name

Address

Emergency Contact

Emergency Contact Phone Number