

# **PARENTAL WAIVER, CONSENT FORM AND RELEASE OF LIABILITY**

As the parent or legal guardian of the child named below, I hereby give my full consent and approval for my child to participate in the Tom Anagnost Soccer Program.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as other related activities incidental to my child's participation, and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the designated sport and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my child's participation, I do hereby waive, release and hold harmless the Tom Anagnost Soccer Camp, its owners, officers, coaches, employees, sponsors, supervisors, representatives, other participants, and, if applicable, owners and lessors of premises used to conduct the event, with respect to any injury, disability, death, or loss or damage to person or property relating to my child's involvement or participation in the designated sport and the activities incidental thereto, whether the result of negligence or any other cause.

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(Name of Child)

(Date of Birth)

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(Street Address)

(Town)

(State)

Please list any physical limitations (allergies, hearing, sight, etc.)

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**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

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(Parent's Signature)

(Date)

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**TOM ANAGNOST SOCCER CAMP, LLC**

**SOCCER**

(Name of Sponsoring Organization)

(Designated Sport)

**tomanagnostsoccercamp.com**  
**(989) 797-1734**