



Mighty Mites Mini Camp - Individual Waiver Form

All waiver and medical forms MUST be submitted on or before your child's first day of camp.

Call 301-528-1480 if you have any questions or need directions.

Camp Week: (circle all that apply)

June 22nd - June 26th

June 29th - July 3rd

July 6th - July 10th

July 20th - July 24th

August 3rd - August 7th

August 10th - August 14th

August 17th - August 21st

August 24th - August 28th

Individual Player Information

Child's Name: _____ Date of Birth: _____

Parent's Name _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Emergency Contact: _____ **Phone Number:** _____

Please list below any medical conditions and/or allergies that you think we should know about

Consent and Liability Waiver - Release of all claims (must be signed by parent or guardian)

I, _____ (parent/guardian), am the parent or legal guardian of _____ (minor child). As lawful consideration for my minor child being permitted to participate in the Discovery Sports Center Indoor League, Program Camp, Clinic or any other activity. I agree that neither my minor child nor I will make a claim against, sue, attach the property of or prosecute Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, building contractors, suppliers, and employees for damages for death, personal injury or property damage which my minor child may sustain as a result of my child's participation in these sporting activities. This release is intended to discharge in advance Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors, building contractors, suppliers, and employees from and against any and all liability, including for negligent actions, arising out of or connected in any way with my minor child's participation in the sports league, program, camp, clinic or any other activity except for liability that may arise out of the willful or wanton misconduct of Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees. I FURTHER UNDERSTAND THAT SPORTS INVOLVE PHYSICAL CONTACT BETWEEN PLAYERS, THAT SERIOUS ACCIDENTS OCCASIONALLY OCCUR DURING SUCH SPORTING ACTIVITIES, AND THAT PARTICIPANTS IN SUCH SPORTING ACTIVITIES OCCASIONALLY SUSTAIN SERIOUS PERSONAL INJURIES (INCLUDING DEATH) AND/OR PROPERTY DAMAGE, AS A CONSEQUENCE THEREOF. KNOWING THE RISKS OF PARTICIPATION, NEVERTHELESS, I HEREBY AGREE THAT MY MINOR CHILD AND I ASSUME THOSE RISKS AND RELEASE AND HOLD HARMLESS MARYLAND SOCCER FOUNDATION, DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES WHO (THROUGH NEGLIGENCE OR CARELESSNESS) MIGHT OTHERWISE BE LIABLE TO ME, MY MINOR CHILD (OR OUR HEIRS OR ASSIGNS) FOR DAMAGES.

I attest that I am eighteen (18) years old or older and that my child is physically fit and have no known medical conditions which prohibit participation in this sport. My child and I agree to follow all laws, rules and guidelines regulating the conduct of the league, camp or clinic. I understand and agree that my child and I are responsible for the mechanical and/or operating condition of any and all sporting equipment provided by my child or by me for my child's use, and I agree that my child and I will continuously inspect and maintain all equipment used, even if we have obtained any of the equipment from Maryland Soccer Foundation, Discovery Sports Center, Maryland SoccerPlex, their agents, sponsors and/or employees.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY FOR MYSELF AND MY CHILD AND A CONTRACT BETWEEN MYSELF, MY CHILD AND DISCOVERY SPORTS CENTER, MARYLAND SOCCERPLEX AND THEIR AGENTS, SPONSORS AND EMPLOYEES, AND I HAVE SIGNED IT OF MY OWN FREE WILL.

I also agree that Discovery Sports Center, Maryland SoccerPlex and their agents, sponsors and employees may use my child's photograph in future promotions.

Signature: _____ **Date:** _____

Print Name: _____