



2024 AHS SOCCER CAMPS

Assumption of Risk, Indemnification, Hold Harmless, and Waiver of Liability Agreement

Name: _____ Grade: _____

Player's E-mail: _____ Player's Cell #: _____

Parent/Guardian E-mail: _____ Parent/Guardian Cell #: _____

Alternate Contact E-mail: _____ Alternate Contact Cell #: _____

In consideration of me/my child's being permitted to attend and/or participate in the 2024 AHS Soccer Booster Club's Soccer Camp, I do hereby agree to assume all risks and responsibilities relative thereto. I hereby represent to Arlington Community Schools Board of Education (ACS) that I/my child am/is capable of participating in the 2024 AHS Soccer Booster Club's Soccer Camp and that I/my child is strongly encouraged to consult a physician prior to participation in the 2024 AHS Soccer Booster Club's Soccer Camp. I hereby recognize the risks of illness, including the risk of transmission of communicable diseases, such as COVID-19, and injuries inherent in participating in soccer play and recognizing those risks, I agree to assume all risks, including but not limited to, financial risks, associated with my/my child's participation in the 2024 AHS Soccer Booster Club's Soccer Camp.

I hereby release, waive liability, discharge, hold harmless, and covenant not to sue Arlington High School Soccer Booster Club, volunteers, Arlington High School Soccer Coaches, Arlington High School, and Arlington Community Schools Board of Education, its agents, representatives, Board Members, and Employees (hereinafter referred to as Releasees) from any kind of liability, claims, demands, and actions of any kind arising out of or related to any loss, damage, or injury, including death, that may be sustained by me/my child, whether caused by the negligence or gross negligence of the Releasees, or otherwise, while attending the 2024 AHS Soccer Booster Club's Soccer Camp. I further agree to indemnify Arlington High School Soccer Booster Club, Arlington High School, volunteers, Arlington Community Schools Board of Education, its agents, Board Members, representatives, and employees and hold them harmless from any claims, demands, causes of action or any other legal or equitable actions arising out of or related to my/my child's participation in and/or attendance at the 2024 AHS Soccer Booster Club's Soccer Camp, including but not limited to, costs and attorney's fees associated with any such action.

It is my express intent that this Assumption of Risk, Indemnification, Hold Harmless, and Waiver of Liability Agreement shall be binding upon myself, my heirs, assigns and personal representatives and shall be deemed as a release, waiver, discharge, hold harmless and covenant not to sue the

above named Releasees. I hereby further agree that this Assumption of Risk, Indemnification, Hold Harmless and Waiver of Liability Agreement shall be construed in accordance with the laws of Tennessee.

I understand and agree that neither Arlington High School Soccer Booster Club, volunteers, Arlington High School Soccer Coaches, Arlington High School, nor Arlington Community Schools Board of Education, its agents, representatives, Board Members, or Employees will be responsible for any costs associated with any injury I/my child may sustain during my/their time as a participant and/or attendee at the 2024 AHS Soccer Booster Club's Soccer Camp, and I agree and understand that I am financially responsible for all expenses incurred as a result of any injuries incurred as a result of my/my child's participation in the 2024 AHS Soccer Booster Club's Soccer Camp.

I also understand that by signing this Agreement, I am fully aware of my financial obligations and will assume all responsibilities for all property damage caused by me/my child to property owned by Arlington High School Soccer Booster Club, volunteers, Arlington High School Soccer Coaches, Arlington High School, or Arlington Community Schools Board of Education.

I agree and understand that as a condition precedent to my/my child's participation in the 2024 AHS Soccer Booster Club's Soccer Camp, I must present proof of current health insurance that will cover all costs and expenses related to any injuries suffered by me/my child as a result of my/my child's participation and/or attendance at the 2024 AHS Soccer Booster Club's Soccer Camp.

By signing this Agreement, I acknowledge and represent that I have read and understand the foregoing Agreement.

Parent/Guardian Signature: _____ **Date:** _____

Player Signature: _____ **Date:** _____