

**Player Development Programs, LLC Junior School  
2013 Waiver & Medical Information**

**CAMPER NAME:** \_\_\_\_\_ **TODAY'S DATE:** \_\_\_\_\_

**Player Development Programs, LLC  
ASSUMPTION OF RISK, WAIVER, INDEMNITY AND RELEASE  
FROM LIABILITY Junior & Senior Schools & Clinics**

*In consideration of participation with Player Development Programs, LLC, the undersigned agrees as follows:*

1. **RISK FACTORS:** The undersigned understands and acknowledges that the use of equipment, facilities and services provided by Player Development Programs, LLC involves risks including, but not limited to, the following which might result from the use of equipment or facilities, from the activity itself, from the acts or omissions of the undersigned or others, or from the unavailability of emergency services or emergency medical care: **RISK OF PROPERTY DAMAGE, BODILY INJURY, AND POSSIBLE DEATH.**

2. **ASSUMPTION OF RISK.** The undersigned **ASSUMES ALL RISKS THAT ARISE OUT OF THE USE OF THE EQUIPMENT OR FACILITIES, THE ACTIVITY ITSELF, THE ACTS OR OMISSIONS OF OTHERS, OR THE UNAVAILABILITY OF EMERGENCY CARE**, including but not limited to, those **RISK FACTORS** described in section 1 above.

3. **ACKNOWLEDGMENT OF POLICIES AND PROCEDURES.** The undersigned acknowledges that he or she has read and understands, and agrees to follow, all of the policies and procedures relating to the activities, facilities, and/or equipment and understands that the safe and proper use of the facilities, equipment or participation in the activity is dependent upon carefully following such policies and procedures. The undersigned also understands and agrees that even if said policies and procedures are followed, the risks set forth in section 1 above are still present, and the undersigned agrees that notwithstanding any policies, procedures or instructions received, the undersigned assumes all risks as set forth in section 2 above and agrees to the indemnity provisions in section 7 below.

4. **PREREQUISITE SKILLS AND TRAINING.** The undersigned acknowledges that he or she has the requisite skills, qualifications, physical abilities, and training necessary for proper and safe use of the equipment and facilities and to participate in the activity itself. The undersigned agrees that if he or she has any questions as to what skills, qualifications or training is necessary to properly use the equipment, facility, or to participate in the activity itself, then they shall direct such questions to the appropriate staff member on site.

**Items 1-4: (Initials)** \_\_\_\_\_

5. **RELEASE.** The undersigned **RELEASES AND FOREVER DISCHARGES Player Development Programs, LLC** and any owner of the premises, their officers, employees, representatives, and agents and agrees **NOT TO SUE** for any and all claims, causes of action, injuries, damages, costs, or expenses, whether known, unknown or unforeseen, incurred or arising out of the activity or use of the premises, including but not limited to those based on death, bodily injury or property damage whether or not caused by the acts, omissions or other fault of the parties being released.

6. **WAIVER.** The undersigned waives the protection afforded by any statute or law in any jurisdiction whose purpose, substance, and/or effect is to provide that a general release shall not extend to claims, material or otherwise which the person giving the release does not know of or suspect at the time of executing the release. This means, in part, that the undersigned is releasing unknown future claims.

7. **INDEMNIFY AND DEFEND.** The undersigned agrees to **INDEMNIFY AND DEFEND** Player Development Programs, LLC, its officers, employees, representatives, and agents (hereinafter collectively referred to as "Indemnitees") from and against, and hold them harmless from any or all claims, causes of action, damages, demands, judgments, costs or expenses, including attorneys fees, which in any way arise out of the activities described above, or this agreement, including but

not limited to, and only by way of example, damages to or destruction of any property of the Indemnites or of any others, injury to or death of the undersigned or anyone else, or any liability arising from the act, omission or negligent act of the Indemnites, the undersigned or anyone else. **Items 5-7: (Initials)**\_\_\_\_\_ 8. **PAY.** The undersigned agrees to pay for any and all damages to any property caused by the undersigned whether the undersigned acted negligently, willfully, or otherwise.

9. **REPRESENTATIVES.** The undersigned enters into this agreement for himself/herself, his/her heirs, executors, assigns and legal representatives.

10. **EMERGENCY TREATMENT CONSENT.** The undersigned, as a participant in the subject activity, hereby consents to medical treatment in a medical emergency when the undersigned is unable to consent to such treatment.

11. **INSURANCE.** The undersigned understands that the Indemnites do not carry participant insurance. The undersigned is encouraged to have a physical examination and to purchase health insurance prior to any and all participation. **Items 8-11: (Initials)**\_\_\_\_\_

12. **ACKNOWLEDGMENT.** The undersigned has read and understands this agreement and realizes it relates to surrendering valuable legal rights and does so freely and voluntarily. **Items 12: (Initials)**\_\_\_\_\_

Signature: \_\_\_\_\_ **Camper's Name:** \_\_\_\_\_

Date: \_\_\_\_\_ Circle One: Junior School Senior School **Staff**

**Initials:** \_\_\_\_\_

**CONSENT AND RELEASE ON BEHALF OF MINOR**

I am the parent and/or legal guardian of the above named minor. I have read and understand the agreement involves surrendering valuable legal rights of the minor and me. I agree to be bound by all terms of this agreement. I also give my consent to the participation in the activity by the minor.

Date: \_\_\_\_\_

Signature of Parent/Legal Guardian - Consent and Release on Behalf of the Minor

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

**Camper's Name:** \_\_\_\_\_

*Player Development Programs, LLC* Medical Information

**Return This Form: Jeb Burch, Soccer Camp 600 West Walnut Street  
Danville, KY 40422**

**All Campers Must Complete This Form Prior To Camp Participation  
Participant's**

**Name** \_\_\_\_\_  
Last First Middle

**Birthdate** \_\_\_\_\_ **Age** \_\_\_\_\_ **Sex** \_\_\_\_\_

**Home Address** \_\_\_\_\_  
Number & Street City State Zip

**Father's Name** \_\_\_\_\_

**Father's Home Phone** (\_\_\_\_) \_\_\_\_\_ **Father's Work Phone** (\_\_\_\_) \_\_\_\_\_

**Cell Number (If available)** (\_\_\_\_) \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Mother's Home Phone (\_\_\_\_) \_\_\_\_\_  
Mother's Work Phone (\_\_\_\_) \_\_\_\_\_  
Cell Number (If available) (\_\_\_\_) \_\_\_\_\_

## *Insurance Information*

**Insurance Company**

\_\_\_\_\_

**Address**

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
City State Zip Phone Number

**Nature Of Policy**

\_\_\_\_\_

**Name Of Policy Holder**

\_\_\_\_\_ **Subscriber ID #**  
\_\_\_\_\_ **Group #** \_\_\_\_\_ **If Blue Cross**  
**/ Blue Shield: BC Code #** \_\_\_\_\_ **BS Code #** \_\_\_\_\_