PARTICIPATION WAIVER, ASSUMPTION OF RISK, RELEASE OF LIABILITY, INDEMNIFICATION, AND MEDICAL AUTHORIZATION

1. PARTICIPANT AND PARENT/GUARDIAN INFORMATION

Participant Name: _____ **Date of Birth:** _____

Parent/Legal Guardian Name: _____

Phone: _____ **Email:** _____

Emergency Contact Name: _____ **Emergency Contact Phone:** _____

2. PARENT AUTHORITY, PERMISSION TO PARTICIPATE, AND COVERED ACTIVITIES

PARENT/GUARDIAN INITIALS: _____

I certify that I am the parent or legal guardian of the participant named above and that I have authority to sign this agreement on the participant's behalf. I give permission for the participant to take part in Camino SA Futbol activities, including but not limited to evaluations, private training, group training, clinics, camps, technical development sessions, athletic development, ball work, movement training, conditioning, speed and agility work, warm-ups, cooldowns, coach-directed drills, scrimmage-related activities, and any other soccer, fitness, training, instructional, or development activity directed, organized, supervised, or approved by Camino SA Futbol.

3. ASSUMPTION OF RISK

PARENT/GUARDIAN INITIALS: _____

I understand that soccer and athletic training involve inherent risks. These risks may occur before, during, or after participation and may arise from the participant's own actions, the actions of others, training activities, weather conditions, field conditions, equipment, physical exertion, or the nature of soccer itself. Risks include, but are not limited to, sprains, strains, bruises, cuts, abrasions, soreness, fatigue, muscle injuries, ankle injuries, knee injuries, hip injuries, back injuries, shoulder injuries, head injuries, neck injuries, foot injuries, falls, slips, trips, collisions, sprinting, jumping, landing, cutting, changes of direction, contact with the ball, contact with other participants, contact with coaches, contact with equipment, goals, cones, turf, grass, pavement, or other surfaces, dehydration, cramping, heat exhaustion, heat illness, sun exposure, weather-related conditions, concussion, head impact, and aggravation of prior, known, unknown, disclosed, or undisclosed injuries or medical conditions. **I voluntarily assume all risks associated with participation in Camino SA Futbol activities.**

4. RELEASE AND WAIVER OF LIABILITY

PARENT/GUARDIAN INITIALS: _____

TO THE FULLEST EXTENT PERMITTED BY TEXAS LAW, I RELEASE, WAIVE, AND DISCHARGE CAMINO SA FUTBOL, ITS OWNERS, COACHES, TRAINERS, CONTRACTORS, VOLUNTEERS, REPRESENTATIVES, AFFILIATES, SUCCESSORS, AND ASSIGNS FROM ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, EXPENSES, ATTORNEY'S FEES, CAUSES OF ACTION, OR LIABILITY ARISING OUT OF OR RELATED TO THE PARTICIPANT'S PARTICIPATION IN CAMINO SA FUTBOL ACTIVITIES, INCLUDING CLAIMS ARISING FROM ORDINARY NEGLIGENCE.

This release applies to claims related to injury, illness, death, property damage, medical expenses, emergency treatment, emergency transportation, participation, training activities, field conditions, equipment, supervision, instruction, scheduling, and any activity connected to Camino SA Futbol.

5. INDEMNIFICATION

PARENT/GUARDIAN INITIALS: _____

TO THE FULLEST EXTENT PERMITTED BY TEXAS LAW, I AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS CAMINO SA FUTBOL, ITS OWNERS, COACHES, TRAINERS, CONTRACTORS, VOLUNTEERS, REPRESENTATIVES, AFFILIATES, SUCCESSORS, AND ASSIGNS FROM AND AGAINST ANY AND ALL CLAIMS, DEMANDS, DAMAGES, LOSSES, EXPENSES, ATTORNEY'S FEES, CAUSES OF ACTION, OR LIABILITY ARISING OUT OF OR RELATED TO THE PARTICIPANT'S PARTICIPATION IN CAMINO SA FUTBOL ACTIVITIES, INCLUDING CLAIMS ARISING FROM ORDINARY NEGLIGENCE.

This indemnification includes claims arising out of or related to the participant's actions, failure to follow instructions, conduct during activities, incomplete or inaccurate medical disclosures, undisclosed injuries, undisclosed medical conditions, emergency medical treatment, property damage, and claims brought by or on behalf of third parties.

6. MEDICAL DISCLOSURE, PARTICIPATION FITNESS, AND EMERGENCY AUTHORIZATION

PARENT/GUARDIAN INITIALS: _____

I certify that the participant is physically able to participate in Camino SA Futbol activities unless otherwise disclosed below. I agree to disclose any condition, injury, allergy, physical limitation, prior concussion, heat-related illness history, or medical restriction that may affect the participant's ability to safely participate.

Participation-related conditions, allergies, injuries, restrictions, limitations, or concerns:

_____

_____

_____

Does the participant require access to an emergency medical item during participation, such as an inhaler, EpiPen, glucose source, or similar item?

[ ] No [ ] Yes: _____

If the participant becomes injured, ill, or requires emergency medical attention during or related to Camino SA Futbol activities, I authorize Camino SA Futbol coaches, staff, contractors, or representatives to contact emergency medical services and seek emergency care for the participant. I authorize emergency medical personnel, physicians, hospitals, urgent care facilities, athletic trainers, or other appropriate providers to evaluate and treat the participant as necessary. I understand that I am responsible for medical expenses, emergency transportation costs, insurance deductibles, copays, and any other costs related to treatment.

ACKNOWLEDGMENT AND SIGNATURE

I have read this agreement, understand its terms, and sign it voluntarily. I understand that I am giving up legal rights.

Parent/Legal Guardian Name (Printed): _____ **Date:** _____

Parent/Legal Guardian Signature: _____

"Thank you for trusting Camino SA Futbol!"