

**Clemson University Parental Permission Form and Release of Liability
for Youth Camps or Programs**
Tiger Girls' Soccer Camp

I, _____, am the parent and/or legal guardian of _____, a minor child under the age of 18 years. I would like to have my child participate in the following CAMP/PROGRAM at Clemson University: Tiger Girls Soccer Camp that will take place on **(January 26-27 or February 3-4, 2019) (Circle One)**

In consideration for my child being allowed to participate in this CAMP/PROGRAM, I the undersigned, acknowledge, appreciate and agree that:

1. This CAMP/PROGRAM affords my child the opportunity to participate in activities, including, but not limited to: soccer games, drills that include running and physical activity. There are inherent risks involved with these activities, including but not limited to 1. Minor injuries such as scratch, bruises, and sprains, to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to 3) catastrophic injuries including paralysis and death. I choose to voluntarily allow my child to participate in this CAMP/PROGRAM. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.
2. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this CAMP/PROGRAM. I agree to pay for any medical costs that exceed the limits of my insurance coverage.
3. I understand that this CAMP/PROGRAM is physically strenuous and I know of no medical reason why my child should not participate.
4. I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this CAMP/PROGRAM, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this CAMP/PROGRAM.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Signature of Parent and/or Legal Guardian

Date