



I certify that I am a parent or the legal guardian for:

\_\_\_\_\_ (child/ward) and that s/he has my permission to participate in the Blue Ridge Players Academy Soccer Camp (“the Activity”) at the Virginia Military Institute (“Institution”). I understand that she will engage in an athletic experience.

**WAIVER AND RELEASE**

In consideration of my child/ward being permitted to participate in the Activity, I agree to assume all the risks and responsibilities surrounding my child/ward’s participation in the Activity and in any activities undertaken as an adjunct thereto. I certify that s/he is in good health and able to participate in camp activities. I am/am not attaching a statement explaining special physical limitations and/or required medication. I understand, as with any sport, injuries can occur, and I hereby agree to save and indemnify and keep harmless the activity staff and the Institution, its agents and employees against any and all liability, claims, judgments or demands for damages arriving as a result of injuries sustained by my child/ward during or as a result of any course given by the Institution and the Activity staff and its agents. I hereby authorize the institution and specific activity staff and its agents, permission to request medical treatment, and for medical attention to be given, and to receive medical attention as necessary to insure the well being of my child/ward, and/or in the event of an accident, injury or illness.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent of Legal Guardian