



Participant's Name _____

Player Identification Clinic

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration of permission to use, today and on all further dates, the property, facilities, staff, equipment and services of the ***Player Identification Clinic, I***, for myself, my heirs, personal representatives or assigns, **do hereby release, waive, discharge, and covenant not to sue** UCSC Soccer, its directors, officers, employees, and agents from liability in personal injury, accidents or illness (including death), and property loss arising from, but not limited to, participation in activities, classes, observation, and use of facilities, premises, or equipment.

Assumption of Risk: Physical activity, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The ***Player Identification Clinic*** has facilities for and provides for activities such as weight lifting, running, aerobic activities, classes and sporting activities. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movements involving speed and change of direction, and others involve sustained physical activity, which places stress on the cardiovascular system.

The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

Indemnification and Hold Harmless: I also agree to INDEMNIFY AND HOLD UCSC Soccer HARMLESS from any and all claims, action, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement at the ***Player Identification Clinic*** and to reimburse them for any such expenses incurred.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in the activities made possible by the ***Player Identification Clinic***. I hereby **assert that my participation is voluntary and that I knowingly assume all such risks.**

Signature of Parent/ Guardian or Participant (if over 18 y.o.)

Date