



### Waiver Form for "Camp Shutout"

Date of camp: \_\_\_\_\_

Mail Form to:

Camp Shutout LLC

P. O. Box 085712

Racine, WI 53408

for additional information or questions: call: 1.262.498.3364 email: [info@campshoutout.com](mailto:info@campshoutout.com)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_

City/Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-MAIL \_\_\_\_\_ Birth Date \_\_\_\_\_

#### Waiver & Release of Liability

In consideration of Camp Shutout furnishing training and/or equipment to enable me to participate in the sport of soccer goalkeeping I agree as follows: I fully understand and acknowledge that soccer and soccer goalkeeping have: (a) inherent risks, dangers and hazards and such exists in my participation in goalkeeper training activities; (b) my participation in such activities and/or use of such equipment may result in injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of Camp Shutout, the negligence of the participants, or the negligence of others. I hereby assume all risks and dangers and all responsibility for any losses and/or damages whether caused in whole or in part by the negligence or other conduct of anyone associated with Camp Shutout, or by any other person. I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify Camp Shutout LLC from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in the goalkeeper training program. I also agree to allow Camp Shutout to use photographs and/or video of me to promote the Camp Shutout program. I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT I AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE Camp Shutout FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Print name: \_\_\_\_\_

Sign: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN

(if less than 18yrs old)