

Acceptance of Risk Liability Waiver Form

1. The undersigned also attests that he/she is currently in a status of good health and is able to fully participate in vigorous athletic activity without consequence.
2. The undersigned recognizes and accepts the risk of injury, permanent disability, and death inherent to his/her sport activity.
3. The undersigned understands that even with the best of coaching, with protective equipment and with strict observance of the rules, injuries are still possible. On rare occasions, these injuries can be so severe as the result of total disability, paralysis, or even death.
4. The undersigned will promptly notify the coaching staff and/or athletic training staff of any changes in his/her health status, including injuries or illness occurring prior to or during his/her try-out/evaluation.
5. The undersigned will allow the athletic training staff to respond and assist during and injury/illness and follow through with whatever recommendation is given for the care of the injury/illness situation.
6. I the undersigned further understand and agree that any medical bill incurred as a result from an injury/illness sustained during my athletic participation in this try-out/evaluation, shall be **my responsibility** because no medical insurance will be provided for me by Tony Faticoni Soccer Academy LLC or Pfeiffer University.

We the undersigned have read and fully understand the preceding statement and agree to follow its procedures. We also hereby release **Tony Faticoni Soccer Academy LLC and Pfeiffer University**, its agents and employees, including but not limited to the athletic staff and athletic training staff, from liability caused by, or arising out of the athlete's participation among the coaching staff and athletic training staff.

I _____ will be participating in a **Tony Faticoni Soccer Academy LLC** athletic camp

Print Student's Name: _____

Student's Signature: _____ Date: _____

Parent's Signature (If a Minor): _____ Date: _____