



WARNING, AGREEMENT TO OBEY INSTRUCTION, RELEASE,  
ASSUMPTION OF RISK AND AGREEMENT TO HOLD HARMLESS  
2011 UNIVERSITY OF WYOMING CAMP PARTICIPATION

I am aware that my child's participation in the University of Wyoming Soccer Camp and related activities can be dangerous activities involving MANY RISKS OF INJURY. I understand that the dangers and risks of participating in soccer include, but are not limited to, death; serious neck and spinal injuries; broken leg, arm, back, rib; respiratory distress; lung damage; heart and related damage; hearing and sight damage and/or loss; muscle sprains and strains; which may result in complete or partial paralysis, brain damage, serious injury or impairment to other aspects of my child's body, general health and well being. I understand that the dangers and risks of participating may result not only in serious injury, but in a serious impairment of my child's future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

Because of the dangers and risks of participating in the camp, I recognize the importance of following policies, procedures, rules and regulations; and, instructions as provided and I will inform my child of the importance of following the instructions provided. I understand that UW reserves the right to refuse or cancel my child's registration, if my child is disruptive and/or fails to follow instructions as provided.

In consideration my child being permitted to participate in the University of Wyoming Soccer Camp, I hereby assume all risks associated with my child's participation and agree to hold the University of Wyoming, its officers, employees, representatives, coaches, volunteers and the State of Wyoming harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my child's participation in the University of Wyoming Soccer Camp. The terms hereof shall serve as a release and assumption of risk by myself; and any heirs, estate, executor, administrator, assignees and for all members of my family.

I, being an adult, have read the above statement and fully understand the contents, consequences and implications of signing this document.

DATE: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_