

RELEASE & WAIVER of LIABILITY for NEGLIGENCE EXECUTED on BEHALF of a MINOR by MINOR'S PARENT or LEGAL GUARDIAN, ASSUMPTION of RISK, INDEMNITY and SAVE HARMLESS AGREEMENT IN CONSIDERATION of _____ the minor being permitted to participate in any way in the **Hyde Park Baptist Church Soccer Camp** activity, I the parent and natural guardian of said minor, or myself, or personal representatives, assigns, heirs, and next of kin of said minor...

1. ACKNOWLEDGE, agree, and represent that I understand the nature of **Hyde Park Baptist Church Soccer Camp** activities and that I am of the opinion that said minor is qualified, in good health, and in proper physical condition to participate in such activity. I further agree and warrant that if at any time I believe that such minor's health and physical condition should change so that it would be unsafe for such minor to continue to participate in such activity, I will immediately discontinue the minor's future or further participation in such activity.

2. I FULLY UNDERSTAND THAT: (a) such minor's participation in the aforesaid activities involve risk and danger of serious bodily injury, including permanent disability, paralysis, and death ("risks"); (b) these risks and dangers may be caused by said minor's actions or inactions, the actions or inactions of others participating in the activity, the condition in which the activity takes place, or the negligence of **Hyde Park Baptist Church**; (c) there may be other risks and social economic losses either known or not known to me or not readily foreseeable at this time, and I fully accept and assume all such risks and responsibilities for losses, costs and damages such minor may incur as a result of the minor's participation in the activity.

3. I HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Hyde Park Baptist Church, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and owner and lessor of premises on which the activity takes place, (each considered one of the "**RELEASEES**" herein) from all liability, claims, demands, losses or damages on said minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees, or otherwise, including negligent rescue operations, and I further agree that if despite this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement, I or anyone on behalf of said minor makes a claim against the Releasees, I as parent or natural guardian, will indemnify, save and hold harmless each of the Releasees, from any litigation expenses, attorneys' fees, losses, liability, damage or costs of which they may incur as a result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS OF SAID MINOR BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE TO SAID MINOR, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Printed Name of Minor: _____

Printed Name of Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Signature of Parent/Guardian: _____ Date: _____

Hyde Park Baptist Church Soccer Camp Registration Form

Enrollment is limited for boys and girls ages 8th grade to 12th grade.

Name: _____ (M) _____ (F) _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

E-Mail: _____

Best way to send out correspondence: Email or Regular Mail (please circle one)

Date of Birth: _____ Age: _____ Yrs Played: _____

In Case Of An Emergency Contact:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Free Camp T – Shirt Size (please circle)

Youth: S(6-8) M(10-12) L(14-16) Adult: S M L XL

Medical: Also include a current (within the last 12 months) medical health form, from your child's physician.

Signature of Parent/Guardian: _____ Date: _____

Date & Time: August 13 - 17, 2012 from 9am – 12:30pm.

Fee & Discounts: The cost for a week of soccer camp is \$60. Fee for church and team members of the high school soccer team is \$30. **50% deposit is due by August 1, 2012.**

Payments: Please make checks payable to Hyde Park Baptist Church (HPBC).

Mail to: HPBC
Pastor Nargi
10 Romans Rd
Hyde Park, NY 12538