

**We are because of each other.**

**Fighting Scot Men’s Soccer Prospect Clinic**

**Waiver and Release of Liability Form**

Thank you for your willingness to be a part of our camp as we positively get on the other side of things. Know that the safety of your child is our priority, and we will do everything possible to follow safety protocols involving COVID and physical/playing safety.

My son/dependent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, has registered for the Wooster Men’s Soccer Prospect Camp held at The College of Wooster.

I understand all the risks associated with participation in the program. I certify that the undersigned camper is physically capable of participating in the Wooster Men’s Soccer Prospect Camp and all related activities. Any exceptions are noted on the medical form.

I, the undersigned, waive and release the Wooster Men’s Soccer Prospect Camp, its directors, coaches, staff, The College of Wooster and its employees, volunteers, staff, and representatives from any and all liability, claims, demands, and causes of action arising out of or related to any loss, personal injury (including death), disease, illness, or property loss that may be sustained or occur from participation in or otherwise be associated with the Wooster Men’s Soccer Prospect Camp.

I have read the camp expectations and standards and agree to live out the standards set forth by the Wooster Men’s Soccer Prospect Camp.

I understand that valuables brought to camp are at the risk of the camper. Any personal items lost or stolen, will not be replaced by the Wooster Men’s Soccer Prospect Camp.

I understand that a partial refund can be redeemed up until July 14th.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness at camp.

I understand that campers may be photographed during camp. I agree to allow the undersigned camper’s photo to be used for legitimate purposes by the Wooster Men’s Soccer Prospect Camp. In any promotional materials, the camper would not need to be identified by name.

I have read and fully understand this release of liability. I sign it by my own free will.



**We. Work. Hard.**

**We will become men of character and action through hard work, servant leadership, constant improvement, and positive relationships.**

**Prospect Clinic Standards and Expectations**

* **I choose to treat myself and others with respect.**
* **I choose to work hard.**
* **I choose to be the best version of myself.**
* **I choose to be positive and encourage others.**
* **I choose to learn, grow and listen to feedback.**
* **I choose to be a young man of class and sportsmanship.**
* **I choose to have fun.**
* **I will abide by all safety/COVID protocols.**

Camper Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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