

RELEASE AND WAIVER OF LIABILITY

This activity is being offered by Passion Sports Academy “PSA”, at Washington Latin Public Charter School, Washington D.C. As used herein, “PSA”, and “Washington Latin Public Charter School” includes PSA and WLPCS and their employees, agents, officers, directors, and affiliates.

Activity: Passion Sports Academy Soccer Camp Boys and Girls

Date(s): June 17 – 21, June 24 – 28, 2019, 9:00 a.m. to 3:30 p.m. (optional extended hours from 8-9 a.m. and 3:30-6 p.m.)

I hereby certify I am the parent or guardian of _____, (“Participant”), and I acknowledge that I am entering into this waiver and release of liability knowingly and voluntarily and I confirm the Participant is in good physical condition and is capable of participating in this program. I understand that PSA and WLPCS do not provide health insurance for individuals participating in activities made available or sponsored by PSA and WLPCS. As such, my personal health insurance will be responsible for payment of medical services and care for any injuries sustained during the designated activity. In the event that medical attention is required, I understand that every attempt will be made to contact me at the emergency number(s) provided. If contact with me is not possible, I give permission for qualified emergency care personnel to hospitalize, secure treatment for, and take whatever medical action(s) necessary to treat the Participant. I hereby authorize PSA to contact me about the Participant’s physical or mental health during the program if the PSA deems it advisable to do so.

I hereby release, waive, indemnify and hold harmless PSA and WLPCS as defined above from any and all damages, claims, liabilities, responsibilities or other expenses for personal injury or property damage resulting in whole or in part from, or otherwise in connection with, the Participant’s activities. The Participant understands they must abide by PSA and WLPCS, policies and procedures, in addition to any specific rules that may apply to the specified activity and will follow the direction of the group leader(s) at all times.

I hereby grant Passion Sports Academy “PSA” and Washington Latin Public Charter School “WLPCS” unrestricted permission to use and re-use photographic portraits, editorials, video, digital or film images, or any pictures taken of myself, or my child, individually or in conjunction with other photographs, in any printed or video graphic matter, in any and all media, and for any purpose allowed by law. This includes, but is not limited to, illustrations, promotions, art work, editorial, advertising and trade. I hereby waive any right to inspect or approve the finished product or products that may be used in connection with the abovementioned images. I hereby release PSA, Washington Latin Public Charter School, their legal representatives, and all people acting under their permission or authority, from any liability in connection with the use of the images as outlined above. I understand that the photographs taken by the staff or their designers of PSA will be included in the Department files. I agree the images, the transparencies of the images, and the copyright privileges of the images shall be the sole property of PSA and WLPCS.

I acknowledge that I have read this document carefully and fully understand its contents. I agree that, should any provision or aspect of this agreement be found to be unenforceable, that all remaining provisions of the agreement will remain in full force and effect.

EMERGENCY CONTACT: Please give the name of parent, guardian, spouse or other person you would like Marymount University to contact in the event of an emergency:

Name: _____ Relationship: _____ Address: _____

Phone#(s): _____

Day: _____ Night: _____ Cell: _____ Email: _____

PARENT/GUARDIAN WAIVER FOR MINORS

Participant Printed Name: _____

Nickname/Preferred Name (if any): _____

Current School/Team: _____

Participant Address: _____ City: _____ State: _____

Zip: _____

Parent/Guardian Name: Relationship to Minor: _____

Phone#(s): Day: _____ Signature: _____

Date: _____

Night: _____ Cell: _____
