

**JUMBO SOCCER CLINICS, LLC 2024**  
**Waiver and Indemnity Form:**

All campers must have their own medical coverage. Campers will not be allowed to play unless the Health Form and Waiver and Indemnity Form are submitted and signed by the parent/guardian. I certify that my child is in excellent health and may participate in strenuous and hazardous physical activities, including soccer to be played at camp. I certify that there are NO physical limits to my child's participation in camp. I am aware that participation in any sport, athletic or clinic activity can be dangerous and involve risks to the camper including but not limited to the contraction of COVID 19. I understand the magnitude of the risks inherent in any sport or athletic activity. I have weighed the dangers inherent to the camper in participating in sports/clinic activities, the risks presented by the camper's health and physical condition, and the camper's personal desire to participate in Jumbo Soccer clinic activities. I have concluded that the risks inherent in my child's participation, both in general and as affected by her health and physical condition, are acceptable and are outweighed by her desire to participate. Permission is granted for my child to receive emergency medical treatment if necessary. I hereby release, Tufts University and Jumbo Soccer Clinics, LLC, and all their agents, employees, and affiliates from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or loss suffered by my child in connection with participation in all camp activities including, but not limited to soccer related activities.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_