

## WAIVER AND RELEASE OF LIABILITY

In consideration for my Child being permitted to participate in the Shelley Smith's Carolina Soccer School, as the natural parent and/or as the legally authorized guardian, do hereby for myself, my family, heirs, personal representatives, and assigns, agree not to sue and I release, waive, discharge, hold harmless and indemnify and forever defend the Shelley Smith's Carolina Soccer School and the University of South Carolina, its members of the Board of Trustees, individually and collectively, its officers, employees, servants, agents, and directors, from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my Child or me arising out of or in any way associated with my Child's participation in the Shelley Smith's Carolina Soccer School or travel incident thereto. I warrant that I am the parent or authorized legal Guardian of the Participant or as Participant that I am 18 years of age or older. I have carefully reviewed and I agree to the terms of this entire document.

Camp or Clinic Attending: \_\_\_\_\_

Parent Contact Phone Number: \_\_\_\_\_

Parent Contact Email Address: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Name (Printed) Participant Name (Printed)

\_\_\_\_\_  
Parent/Guardian - Signature & Date Participant - Signature Date & Date