UNIVERSITY of ROCHESTER

PART I
Acknowledgement and Release Agreement

I, _____, am the parent or legal guardian of _____, whom I wish to participate in the Rochester Soccer School offered by University of Rochester (the Activity). As a precondition to Participant participating in the Activity, I have read the following Release Agreement and agree to its terms.

1. Assumption of Risk. I understand that participating in the Activity entails inherent risks including, but not limited to, the risks described in this Activity Detail Form on the bottom of this Release Agreement. I have read and understood the Activity Detail Form. I have been given the chance to ask questions about the Activity Detail Form and all such questions have been answered to my satisfaction. Having read this form, I am fully aware of the risks and hazards associated with the Activity, and hereby elect to voluntarily allow Participant to participate in the Activity. I voluntarily assume full responsibility for any risks of loss, property damage or personal injury, including death, that Participant may sustain as a result of participating in the Activity, unless caused by the gross negligence or willful misconduct of U of R, its officers, trustees, agents, employees or volunteers (the "Releasees").

2. Liability Release. In consideration for U of R allowing Participant to participate in the Activity, I agree I and Participant will not sue the Releasees and I hereby release and indemnify the Releasees from any and all liabilities, claims, demands, actions, causes of actions, costs and expenses of any nature whatsoever arising out of any loss, personal injury (including death) or property damage, that Participant may sustain, arising from the Activity or while upon the premises where the Activity is being conducted, unless due directly to the gross negligence or willful misconduct of the Releasees.

3. Statement of Physical Fitness. I state that Participant is physically fit and in a condition that will allow him or her to participate fully and safely in the Activity. I maintain medical insurance that covers me for accidents and illnesses while participating in this Activity. I understand the Releasees have not made, nor will make, any investigation into Participant's physical fitness or ability to participate in the Activity and Releasees are relying on my statement of Participant's physical condition. I assume full responsibility for payment of medical expenses not covered by my insurance incurred Participant's participation in the Activity.

4. Emergency Medical Treatment. I grant the Releasees permission to authorize emergency medical treatment of Participant as they deem appropriate, and agree that such action by the Releasees shall be subject to the terms of this Agreement. I understand and agree that the Releasees assume no responsibility for any injury or damage that might result from such emergency medical treatment.
In the event of an emergency, the emergency contact that is listed on my registration form will be contacted via phone by a staff member as soon as possible.

It is my express intent that this Agreement shall bind Participant, me and the members of our family (if any), our estate, heirs, administrators, assigns or personal representatives. I agree that this Agreement and any claim arising from my participation in the Activity shall be construed in accordance with the laws of the State of New York, without regard to its conflict of laws principles. The courts in Monroe County shall be the forum for any lawsuits arising from the Activity or relating to this Agreement. The terms of this Agreement shall be severable, such that if a court of competent jurisdiction holds any term to be illegal or unenforceable, the validity of the remaining portions shall not be affected thereby.

ACTIVITY DETAIL FORM
Name of Activity: Rochester Soccer School
Date(s) of Activity: 7/21/2014 – 8/1/2014
Location of Activity: University of Rochester, River Campus
Description of Activity: Soccer
Various activities including, but not limited to: soccer instruction and training, competitive games, match-play.
By participating in these activities you may be exposed to several inherent risks, including but not limited to those listed here: Injury, including sprains, fractures, heat related injury/illness, concussions and other injuries related to participation in soccer which is considered a contact sport.

In signing this Agreement, I acknowledge that I have read Part I of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

_____ _____
Name of Parent or Legal Guardian (printed) Signature

_____
Name of Participant (printed)

_____
Date
THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING. (Rev. 4/98)

PART II

University of Rochester Soccer
Rochester Soccer School Camps
Rules and Regulations

1) The possession or use of alcohol and other drugs, fireworks, guns and other weapons is prohibited.

2) Participants may not leave University property or the program without permission of the Program Sponsor.

3) No violence by anyone involved with the, including sexual abuse or harassment, will be tolerated. Hazing is prohibited. Bullying, including verbal, physical, and cyber bullying, are prohibited.

4) No use of tobacco products.

5) Misuse, damage or theft of property is prohibited. Charges will be assessed against those participants who are responsible for damage, theft or misuse of University property.

6) Participants must follow all safety rules in accordance with University standards and/or as defined by the program administrator.

7) Use of cameras, imaging, and digital devices is prohibited where privacy is expected, such as showers, locker rooms and restrooms.

8) As the parent or legal guardian, I declare that I have read, understand, and approve the rules, and give my child permission to participate in this clinic.

Any participant who is found behaving in direct violation of these rules will be removed from the camp immediately.

In signing this Agreement, I acknowledge that I have read Part II of this Release Agreement form, understand it, and agree to be bound by its terms. I further acknowledge that I sign this Release Agreement voluntarily and I am at least eighteen years of age.

_____ _____
Name of Parent or Legal Guardian (printed) Signature

_____
Name of Participant (printed)

_____
Date

Emergency contact information - name/phone:_____

PART III

Emergency Contact Information

In the event of an emergency during the activity that requires immediate contact of the coaching staff, a participant, or UR Security, please use the contact information listed below to reach the staff members.

Head Men's Coach Chris Apple – Office: (585) 275-5630
Cell: (585) 750-5630

Head Women's Coach Sike Dardaganis – Office: (585) 276-5101
Cell: (585) 615-6970

UR Security – (585) 275-3333

In the event of an emergency (medical, behavioral, disaster, or significant program disruption) during the activity that requires immediate contact of the participant's parent/guardian, the staff will use the emergency the contact name and phone number which were provided by the participant. This information is recorded and filed by the staff as a part of the registration process.