



Waiver

1. PERMISSION FOR EMERGENCY TREATMENT: I hereby grant permission to the SAM LOPES SOCCER LEADERSHIP ACADEMY AT PROVIDENCE COLLEGE to hospitalize and secure proper treatment for my son/daughter in case of a surgical or medical emergency, major or minor provided, he/she is unable to communicate with me, and when delay might endanger the life or health of my son/daughter. 2.

PERMISSION TO PARTICIPATE: I individually and as the father/mother/or guardian, do hereby give my permission to my son/daughter to participate in the SAM LOPES SOCCER LEADERSHIP ACADEMY AT PROVIDENCE COLLEGE, and use the facilities of Providence College in connection with the camp program. In consideration of your enrolling my son/daughter in the program, I agree to indemnify and hold harmless Providence College and all its trustees, officers, agents and employees from all claims, liability, loss and damage and expense which may in any way arise from my son/daughter's participation in the SAM LOPES SOCCER LEADERSHIP ACADEMY AT PROVIDENCE COLLEGE including with limitation, all claims which my son/daughter, his/her parent, or guardian may have for personal injuries to other person which are caused by my son/daughter. To the best of my knowledge and belief, my son/daughter is of sound health and I know of no reason why he/she cannot participate in the program offered by the SAM LOPES SOCCER LEADERSHIP ACADEMY AT PROVIDENCE COLLEGE. 3. I am aware that the camp's medical insurance will cover only those cost that my own medical insurance does not cover.

ATTENDEE NAME:

Parent/Guardian Signature: _____

Date: _____