

COLOMBO GIRLS SOCCER CAMP

LIABILITY WAIVER AND RELEASE FORM

Summer 2025

Camp Dates: August 4-7, 2025

Location: Donovan Field, Malden Catholic High School

Address: 99 Crystal Street, Malden, MA 02148

Camp Director: Coach Michael Colombo

PARTICIPANT INFORMATION

Player Name: _____

Date of Birth: _____

Program: ☐ Youth (Ages 8-14) ☐ High School (Grades 8-12)

Parent/Guardian Name: _____

Email: _____

Phone: _____

Emergency Contact: _____

Emergency Phone: _____

WAIVER AND RELEASE OF LIABILITY

READ CAREFULLY BEFORE SIGNING

I, the undersigned parent/guardian of the above-named participant, acknowledge and agree to the following:

1. ASSUMPTION OF RISK

I understand that participation in soccer activities involves inherent risks, including but not limited to:

- Physical injury from contact with other players

- Injuries from falls, collisions, or equipment
- Weather-related risks
- Transportation-related risks
- Other risks associated with athletic activities

I voluntarily assume all risks associated with my child's participation in the Colombo Girls Soccer Camp.

2. RELEASE AND WAIVER

In consideration for allowing my child to participate in the camp, I hereby release, waive, discharge, and covenant not to sue Michael Colombo (Camp Director), Colombo Girls Soccer Camp, and Malden Catholic High School (facility provider), their directors, officers, employees, volunteers, coaches, and agents (collectively "Released Parties") from any and all liability, claims, demands, or causes of action arising from my child's participation in the camp, including but not limited to:

- Personal injury or death
- Property damage or loss
- Any other damages or losses

3. MEDICAL AUTHORIZATION

I authorize the camp staff to:

- Provide or arrange for basic first aid treatment
- Contact emergency medical services if necessary
- Make decisions regarding emergency medical care if I cannot be reached
- Transport my child to a medical facility if needed

Medical Insurance Company: _____

Policy Number: _____

4. MEDICAL CONDITIONS AND ALLERGIES

Please list any medical conditions, allergies, medications, or special needs:

5. MEDIA RELEASE

I grant permission for my child's image, voice, and likeness to be used in photographs, videos, and other media for camp promotional purposes without compensation.

☐ YES, I grant permission for media use ☐ NO, I do not grant permission for media use

6. CODE OF CONDUCT

I understand that my child is expected to:

- Follow all camp rules and instructions from staff
- Show respect for coaches, staff, and other participants
- Demonstrate good sportsmanship at all times
- Refrain from inappropriate behavior, language, or conduct

I understand that failure to follow the code of conduct may result in dismissal from the camp without refund.

7. ACKNOWLEDGMENT

I acknowledge that:

- I have read and understand this waiver
- I am voluntarily signing this agreement
- This waiver is binding on my heirs, assigns, and representatives
- This agreement is governed by Massachusetts law
- If any portion is deemed invalid, the remainder remains in effect

SIGNATURES

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____

Witness Signature: _____ Date: _____

Witness Printed Name: _____

FOR OFFICE USE ONLY

Date Received: _____ Staff Initials: _____ Registration ID: _____

IMPORTANT: This waiver must be completed and returned before the first day of camp. Participants will not be allowed to participate without a signed waiver on file.

For questions, contact: michael@mcolumbo.com