

# THEKICKISUP

## Personal Injury Waiver



I \_\_\_\_\_, hereby affirm that \_\_\_\_\_ is in good physical condition and do not suffer from any disability that would prevent or limit participation in THEKICKISUP punting and kicking camps.

I fully understand that participating may cause injury and I hereby release THEKICKISUP, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the camps takes place, from all liability included but not limited to pulls or tears (muscles, ligaments or tendons), muscle strains, broken bones, joint dislocations, hyper extensions of bones and joints, ankle, knee, hip, lower back, shoulder, elbow, wrist, finger or toe injuries, heart attacks, strokes, loss of vision, concussion, dental trauma, death, or any other injury or illness occurring during or after participation. These risks and dangers may be caused or alleged to be caused by the participants own actions or inaction's, the actions or inactions of others participating in the camps, the condition in which the camps takes place, or in whole or in part by the negligence of the "releasees" or otherwise, including negligent rescue operations. I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement I, or anyone on the participants behalf, makes a claim against any of the releasees, I will indemnify, save, and hold harmless each of the releasees from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I have read this agreement, fully understanding its terms, and have signed it freely and without inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by the law and agree that if any portion of this agreement is held to be invalid the balance, notwithstanding, shall continue in full force and effect.

I hereby affirm that I am over 18 years of age or am a parent or legal guardian of the participant.

Name of Participant: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Parent or legal guardian if participant is a minor)

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_