

RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT
(LOS ANGELES COUNTY, CALIFORNIA)

Name of Camper: _____

Name of Camp: _____

Date(s) of Camp: _____

In consideration for being permitted to participate in the camp described above (“Activity”), I, my spouse, assignees, heirs, guardians, and legal representatives hereby voluntarily indemnify, release from liability, agree to defend and hold harmless Keidane McAlpine (“Coach”) and all camp staff and volunteers, and the University of Southern California, its trustees, board, officers, agents, employees and any department, organization or group affiliated therewith (collectively “USC”) for any accident, injury, illness, death, loss, theft, damage to person or property, or other consequences arising out of or resulting directly or indirectly from the Activity, including but not limited to claims arising from or related to the negligence or carelessness on the part of the Coach, USC, camp staff or volunteers, and/or products liability, including strict products liability.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown or batted balls. I agree to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I also give consent to Coach, the camp, its employees, staff, volunteers and agents and USC and its employees and agents to obtain medical treatment and assistance on my behalf, including but not limited to diagnostic, medical and/or surgical treatment, if such treatment should be necessary or desirable during the course of my participation in the Activity. I acknowledge, however, that I will be solely responsible for the cost of such treatment, or for any other medical treatment for me. I agree and understand that the Coach, USC, and the medical personnel participating in my care shall not be responsible in any way for any consequences resulting from said diagnostic, medical and/or surgical treatment and are fully released from any and all claims and demands whatsoever which may arise, grow out of or be incident to such diagnosis, treatment or surgery insofar as the law allows.

I understand that this Activity is neither administered nor sponsored by USC and that Coach is providing this instruction or camp outside the scope of his/her employment with the University (if any). I agree to release, hold harmless, defend, and indemnify USC, its governing board, its trustees, officers, its employees, its agents, and Coach from any and all claims and liability arising out of the Activity.

IT IS MY INTENTION BY SIGNING BELOW TO EXPRESSLY ASSUME ALL RISK OF PERSONAL INJURY, DEATH, OR PROPERTY DAMAGE UPON MYSELF, TO THE EXCLUSION OF COACH OR USC, AND TO EXEMPT AND RELIEVE COACH AND USC FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH.

By signing this agreement, I waive my right to bring any legal action now or at any time in the future to recover compensation or obtain any other remedy for any injury to myself or my property or for my death, however caused, arising out of the Activity. I further agree that I, my spouse,

PERSON(S) TO CONTACT IN CASE OF EMERGENCY:

1. _____ PHONE NUMBER _____

2. _____ PHONE NUMBER _____

DATE OF BIRTH: _____

INSURANCE COMPANY : _____

POLICY NUMBER : _____

FAMILY PHYSICIAN : _____ PHONE NUMBER _____

DATE OF LAST TETANUS : _____

ALLERGIES : _____

MEDICATION : _____

MEDICATION : _____

MEDICATION : _____

MEDICAL PROBLEMS : _____

IN THE EVENT OF A MEDICAL EMERGENCY, I HEREBY AUTHORIZE THE HOSPITAL OR CLINIC TO ADMINISTER EMERGENCY CARE THAT IS DEEMED APPROPRIATE BY THE EMERGENCY MEDICAL STAFF FOR MY MINOR CHILD UNTIL I CAN BE CONTACTED.

PARENT / GUARDIAN SIGNATURE : _____ DATE _____

PARENT / GUARDIAN SIGNATURE : _____ DATE _____

***PLEASE ENCLOSE A COPY OF THE FRONT & BACK OF YOUR INSURANCE CARDS.**

***THESE FORMS MUST BE RECEIVED VIA MAIL OR EMAIL PRIOR TO THE START OF THE CAMP:**

TROJAN SOCCER ACADEMY
3501 Watt Way, HER L124
Los Angeles, CA 90089
Email: trojansocceracademy@usc.edu