

**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,

assignees, heirs, guardians, and legal representatives will not make any claim against, sue or attach the property of Coach or USC for any loss or damage resulting from the Activity. I am aware of the potential dangers incidental to the Activity, that this is a release of liability, a waiver of my legal right to collect damages in the event of injury, death or property damage, and I sign it of my own free will.

I expressly agree that this release is intended to be as broad and inclusive as the State of California will allow and that if any portion is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

_____	_____
Printed Name of Attendee	Signature of Attendee
	_____
	Date

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

_____	_____
Signature of Parent or Guardian	Date

\_\_\_\_\_

Address

\_\_\_\_\_

Telephone Number

**\* ELECTRONIC SIGNATURES NOT ACCEPTED.**

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.  
\*ELECTRONIC SIGNATURES NOT ACCEPTED.**

**\*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