



North Eugene Soccer

Camp Liability Release

I hereby authorize my child's participation in the Highlander Soccer Camp. I know of no mental or physical limitations that may affect my child's ability to safely participate in this camp. I also authorize the Highlander Soccer Camp staff, to act in my absence in any emergency requiring medical attention, parent waiver and indemnity agreement (waive and release) the undersigned parent(s) will indemnify and defend the Eugene 4J School District, it's employers or agents with connection with the above described athletic activity, and also the Highlander Soccer Programs, and its staff from any and all injuries and/or liabilities which occur during my child's participation at camp.

Camper Name _____ Age _____ Next Years Grade _____

Address _____ City _____ Zip _____

Parent/Guardian Name _____ Work Phone _____

Emergency Name _____ Phone _____

Insurance Carrier _____

Parent/Guardian Signature _____ Date _____

Head Coach:

Brandy Wormdahl

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