



# SoccerFest26 Youth Soccer Events

## Participant Waiver, Release of Liability, Assumption of Risk, and Media Release

**Event:** SoccerFest 26 Youth Soccer Events

**Location:** Camden Waterfront & Camden Athletic Fields, Camden, New Jersey

**Host Organization:** Visit South Jersey

**Participating/Released Parties:** Visit South Jersey, City of Camden, Camden County, Rutgers University–Camden, and their respective officers, officials, employees, agents, representatives, volunteers, sponsors, partners, vendors, contractors, affiliates, and assigns.

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### Participant Information

**Student/Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

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### Assumption of Risk

I understand that participation in soccer clinics, demonstrations, games, drills, recreational activities, athletic instruction, and related SoccerFest 26 youth activities involves inherent risks. These risks may include, but are not limited to, falls, collisions, contact with other participants, uneven surfaces, weather-related conditions, dehydration, sprains, strains, broken bones, concussions, illness, or other injuries.

I acknowledge that participation is voluntary and that the student/participant is physically able to take part in the activities. I understand that it is my responsibility to determine whether the participant should participate based on their health, physical condition, and any medical limitations.

## Release and Hold Harmless Agreement

In consideration of being permitted to attend and/or participate in the SoccerFest 26 youth soccer activities, I, on behalf of myself, the student/participant, our heirs, executors, administrators, and assigns, hereby release, waive, discharge, and agree to hold harmless **Visit South Jersey, the City of Camden, Camden County, Rutgers University–Camden**, and their respective officers, officials, employees, agents, representatives, volunteers, sponsors, partners, vendors, contractors, affiliates, and assigns from any and all claims, demands, liabilities, actions, causes of action, damages, costs, or expenses arising out of or related to the student/participant's attendance at or participation in the event.

This release includes, but is not limited to, claims related to personal injury, illness, property damage, loss, or death, except where caused by gross negligence, willful misconduct, or conduct that cannot be waived under applicable law.

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## Medical Treatment Authorization

In the event of an emergency, I authorize event staff, volunteers, medical personnel, or emergency responders to obtain or provide medical assistance for the student/participant as deemed reasonably necessary. I understand that I am responsible for any medical costs or expenses incurred as a result of such treatment.

**Known allergies, medical conditions, or limitations:**

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## Parent/Guardian Responsibility

I understand that parents, guardians, and caregivers are responsible for supervising their child when the child is not actively participating in a structured activity led by event staff or instructors.

I agree that the student/participant will follow all posted rules, staff instructions, safety guidelines, and codes of conduct.

I understand that disruptive, unsafe, or inappropriate behavior may result in the participant being removed from the activity or event.

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## Photo, Video, and Media Release

I grant Visit South Jersey, SoccerFest 26, the City of Camden, Camden County, Rutgers University–Camden, and their partners permission to photograph, film, record, or otherwise capture the image, likeness, voice, name, and participation of the student/participant during the event.

I understand that these materials may be used for promotional, educational, social media, advertising, press, archival, or other lawful purposes without compensation or further approval.

Please check one:

- I **consent** to the photo/video/media release.
  - I **do not consent** to the photo/video/media release.
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## Acknowledgment

I have read this waiver and release form carefully. I understand that by signing it, I am giving up certain legal rights on behalf of myself and/or the student/participant. I certify that I am the parent or legal guardian of the minor participant listed above and have authority to sign this form.

**Parent/Guardian Signature:** \_\_\_\_\_

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

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

**Participant Signature, if age 13 or older:** \_\_\_\_\_

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