

Wiberg's Wisconsin Goalkeeper School

the ball stops here...



WWGS 2011 Weekly Training Waiver

Waiver & Release of Liability

In consideration of WWGS, PCYS, UWSP, and/or any host soccer club and facility furnishing training and/or equipment to enable me to participate in the sport of soccer I agree as follows: I fully understand and acknowledge that soccer has: (a) inherent risks, dangers and hazards and such exists in my participation in soccer training activities; (b) my participation in such activities and / or use of such equipment may result in injury or illness including but not limited to bodily injury, disease, strains, fractures, partial and/or total paralysis, death or other ailments that could cause serious disability; (c) these risks and dangers may be caused by the negligence of WWGS, PCYS, UWSP and any host soccer club/facility, or the negligence of the participants, or the negligence of others. I hereby assume all risks and dangers and all responsibility for any losses and / or damages whether caused in whole or in part by the negligence or other conduct of anyone associated with WWGS, or by any other person.

I, on behalf of myself, my personal representatives and my heirs hereby voluntarily agree to release, waive, discharge, hold harmless, defend and indemnify PCYS, Eric Wiberg, UWSP, or any host soccer club/facility from any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise out of my participation in the striker training program. I also agree to allow WWGS to use photographs and/or video of me to promote WWGS, Camp Shutout, and Marquette Soccer Camps.

I HAVE READ THE ABOVE WAIVER AND RELEASE AND BY SIGNING IT AGREE. IT IS MY INTENTION TO EXEMPT AND RELIEVE WWGS FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE OR ANY OTHER CAUSE.

Please bring this signed waiver with you to registration

CAMP/CLINIC/WEEKLY TRAINING

SIGNATURE

DATE

SIGNATURE OF PARENT/GUARDIAN

(If less than 18 years old)

Last Name _____ First Name _____ M/F _____

Address _____ City/Zip _____

Phone _____ Email _____ Birth Date _____

School _____ Club _____

**Wiberg's Wisconsin Goalkeeper School is affiliated with PCYS
PCYS, Ltd. Stevens Point Soccer Club**