



Parent or Guardian Consent:

In consideration for allowing my son/daughter to participate in the Niagara Elite Soccer Academy, I as his/her parent/guardian, represent and affirm to the Niagara Elite Soccer Academy that:

**Medical Attention:** I understand that the Niagara Elite Soccer Academy, including its officers and staff, does not offer a comprehensive medical insurance plan. I have checked with my family policy to ensure that the participant is properly insured at this clinic. In the event of a medical emergency, I hereby give permission to the physician and procedures selected by the facility to provide medical attention, transportation and emergency medical services as warranted during participation of this soccer clinic. My son/daughter is in good health and has no physical condition that would prevent him/her from participation in the camp.

**Waiver & Release of Liability:** I am fully aware and appreciate the risks associated in the participation in a soccer event, including the risk of catastrophic injury, paralysis and even death, as well as other types of damages and losses. I further agree on behalf of myself, my heirs and personal representatives that the Niagara Elite Soccer Academy, including its officers and staff are not liable for injury, loss of limb or other loss or damage occurring as a result in participation in this camp/clinic/event.

**Photos:** I give the Niagara Elite Soccer Academy, including its officers and staff permission to use clinic/camp/academy photos in which my child may appear on their web site or other published materials.

*(Call Brian Elniski at 585-737-7113 with any questions.)*