



## RELEASE OF LIABILITY

In exchange for participation in the activities organized by INVICTUS FOUNDATION of Elk Grove, CA and/or use of property, facilities, and services of Cosumnes Community Services District (CSD), I agree for myself and for the members of my family to the following:

1. Agreement to Follow Directions. I agree to observe and obey all posted rules and warnings and further agree to follow any oral instructions or directions given by INVICTUS FOUNDATION staff or the employees and representatives on behalf of INVICTUS FOUNDATION.
2. Assumption of Risk and Release. I recognized that there are certain inherent risk associated with the above described activity and I assume full responsibility for personal injury to myself and my family members, and further release or discharge INVICTUS FOUNDATION for injury, loss or damage arising out of my or my family's use of or presence upon the facilities of the Cosumnes CSD, whether caused by myself, my family or other third parties I am responsible for. I will also remain in attendance for the duration of the event.
3. Indemnification. I agree to indemnify and defend INVICTUS FOUNDATION against all claims, causes of action, damages, judgments, cost or expenses, including attorney fees and other litigation cost, which may in any way arise from my or my family's use of or presence upon the facilities of the Cosumnes CSD.
4. Fees. I agree to pay for all damages to the facilities of the Cosumnes CSD caused by any negligent, reckless or willful actions by me or my family.
5. Consent. I, \_\_\_\_\_ (guardian name), consent to the participation of \_\_\_\_\_ (participant name and age) in the this event, Invictus Foundation presents Youth Soccer Camp (name of event) and agree on behalf the above minor to all of the terms and conditions of this agreement. By signing this Release of Liability, I represent that I have legal authority over and/or custody of the above minor.
6. Medical Authorization. In the event of an injury to the above minor(s) during the above described activities, I give permission to INVICTUS FOUNDATION or to the employees and representatives on behalf of INVICTUS FOUNDATION to arrange all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin June 12th, 2017 at 2:30pm and will remain in effect until the above described event/activities are completed. I agree to be notified if there is an emergency with the participant named above at \_\_\_\_\_ (phone number). If I cannot be reached, I agree to assign my alternative emergency contact person to \_\_\_\_\_ (contact name) who can be reached at \_\_\_\_\_ (phone number).
7. Photography and Videography. With your child attending this event it is possible that his/her image may be used in promotional material for INVICTUS FOUNDATION. Images will not be used for any other purpose. Parents or Guardians will be allowed to take photos and record video for personal use at this event.

I have read and understand this Release of Liability.

Participant Name \_\_\_\_\_ Date \_\_\_\_\_

Guardian Name \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_