

KYZER'S SOCCER CENTRE
Team Camp Assumption of Risk
First Aid and Health Care Authorization

Participants Name: _____

I am fully aware of the potential of physical risks while participating in physical activity at Kyzer's Soccer Centre, UT Chattanooga, North River Soccer Complex, and the City of Chattanooga. I understand that I could sustain both minor and severe injuries. Minor injuries could include abrasions, bruises, strains or sprains; major injuries may include partial or permanent physical disability or death. I accept this assumption of risk that is always present whenever I participate in physical activities on the field, in the gymnasium or apartment, on UT Chattanooga's campus or during transport to and from at Kyzer's soccer Centre.

In consideration of Kyzer's Soccer Centre permitting me to use the gymnasium, soccer fields at North River Soccer Association Complex and UT Chattanooga, Johnson Village Apartments on the UT Chattanooga's campus, I, on behalf of myself, my heirs, devisees, assigns and any person or entity claiming by or through me, hereby voluntarily release, forever discharge, and agree to indemnify and hold harmless Kyzer's Soccer Centre, J.D. Kyzer, North River Soccer Association, Tennessee River Soccer Company, the City of Chattanooga, and UT Chattanooga, its Board of Trustees, employees, faculty members, students and any one else associated with the university from any and all claims, demands, or causes of action, which are in any way connected with my participation in this team camp or my use of any UT Chattanooga facilities or North River Soccer Association facilities. I understand the foregoing limitation of liability shall apply whether the claim is based upon breach of contract, negligence, gross negligence, strict tort, breach of any statutory duty or principle of indemnity.

I hereby give certified personnel (i.e. certified athletic trainer, employees with first aid certification) employed by Kyzer's Soccer Centre authorization to render first aid to me in the event of an injury or illness while participating in activities in the gymnasium, in the apartments, on the soccer field. Injuries that I may encounter and receive treatment for include, but are not limited to, the following.

Cuts, lacerations and abrasions Head injuries, including concussions Neck and back injuries
Choking Eye injuries General fatigue

If I require specialized or emergency care, I will be referred to the appropriate medical facility or professional. I further understand that a person listed as my emergency contact will be notified if considered necessary by a member of Kyzer's Soccer Centre. I also understand that my insurance will be used as primary insurance.

By signing this document, I acknowledge that if anyone is hurt or property is damaged during my participation in this activity, I may be found by a court of law to have waived my right to maintain a lawsuit against the enumerated parties on the basis of any claim from which I have released them herein.

I have had sufficient opportunity to read this entire document. I have read and understood it, and I agree to be bound by its terms.

Participant's Signature _____ Date _____

Parent's Signature (if under 18) _____ Date _____

UT Chattanooga Certified Athletic Trainer _____ Date _____

Insurance Carrier: _____ Policy Number: _____

Emergency Contact: _____ Phone Number: _____
(area code) (Home, Work, Cell)