



Gk Training Waiver and Release of Liability Form

I hereby give my permission for my child(ren) to participate in the Galo Sports Productions LLC (the "Clinic") Goalkeeper Training program ("Gk Training").

Participation in any program which involves physical activity exposes the camper to certain risks and dangers. Accidents and injuries are always a possibility, and it is impossible to foresee and protect the camper from all conceivable dangers.

I hereby affirm that my child(ren) has/have no conditions that would make it unsafe for him/her/them to participate in the camps program(s) selected.

Medical Consent: I understand that the Clinic will make every effort to contact me in the case of an emergency. I give my permission for the Clinic to administer any medications needed and to provide and arrange for and consent to any necessary medical treatment for my child(ren) while at the Clinic, including onsite and offsite emergency care. I accept responsibility for the costs of all such medical treatment.

I accept I decline medical care for my child(ren)

Photography Release: In consideration of child(ren)'s participation at the Clinic, and without any further consideration from the Clinic, I hereby grant permission to the Clinic staff and affiliates to utilize my child(ren)'s appearance, performance or voice in any and all manner and media throughout the world for the purpose of promotion, reporting or publication. The Clinic may use my child(ren)'s, likeness, voice and biographical material in connection with publication, promotion, exhibition and distribution of such material. I understand that no royalty, fee or any other compensation of any kind shall become payable to me by reason of such release and use of any photograph.

I accept I decline photography release for my child(ren)

By accepting or signing this Waiver and Release of Liability, with full appreciation of the risk involved, on my own behalf and on behalf of my child(ren), I hereby voluntarily release and forever discharge the Clinic, its trustees, officers, employees, agents, insurers and contractors from any and all legal or financial responsibility for any personal injury, disability, illness, damage, medical expense or death, arising from or related to my child(ren)'s participation in Gk Training. I agree, for myself and my child(ren), not to make any type of legal or equitable claim on the Clinic, or any of its trustees, officers, employees, agents, insurers or contractors with respect to any injury I or my child(ren) may suffer, whether or not it arises through the negligence, omission, default or other action of anyone affiliated with the Clinic, including other campers. I further agree that if any such claim is made, I will indemnify and defend the Clinic with respect to any such claim, injury or damage.

Name of Camper(s)/Age(s): _____

Signature of Parent/Legal Guardian: _____ Date: _____

Parent/Legal Guardian Full Name: _____