

Medical Waiver

I give permission for the camper to fully participate in activities sponsored by High Point Girls Soccer Academy and it's Staff. The participant is in good health and is thereby capable of performing activities detailed in the brochure.

I agree to assume full financial responsibility for any expenses incurred for the participant due to accident or injury while participating in appointed High Point Girls Soccer Academy activities.

Further, I agree to hold High Point University and it's sponsors, safe and harmless for injuries to the participant which may occur during the regular and routine activities while enrolled in this soccer camp.

Print Name: _____

Signature: _____