

# 2017 ID Soccer Exposure Camp Enrollment Agreement

Embry Riddle Aeronautical University  
July 14–21, 2017



## AGREEMENT TO PARTICIPATE

### I- International Doorway & ERAU Sports Medicine Medical and Liability Waiver

Activity: ID Soccer Exposure Camp – Participant Full Name: \_\_\_\_\_

This Waiver, Release and Medical Release is presented to me by International Doorway to Education & Athletics, Corp (IDEA) located at 1111 Brickell Ave. 11<sup>th</sup> floor, Miami, FL 33131 for my voluntary participation and I agree to abide by the following:

For myself, my estate, assigns and representatives, I hereby release, indemnify, hold harmless and forever discharge IDEA and Embry Riddle Aeronautical University (ERAU), its trustees, officers, employees, and agents from any and all claims, liability, demands, lawsuits, and causes of action of any kind or nature, known or unknown, that I have or may have, arising from or related to my voluntary participation. I, for myself, my estate, assigns and representatives, hereby waive any and all claims of any kind or nature, known or unknown, for damages, injuries or losses to myself or my property arising from or related to my voluntary participation. Unless required by law or valid order of court, I shall not file, allow to be filed, consent to, or cooperate with any claim, cause of action, lawsuit, or demand of any kind or nature for injuries or losses to or by me arising from or related to my voluntary participation, and shall on demand defend and indemnify IDEA & ERAU for any cost or expense associated therewith.

I understand that activities, of which I will voluntarily take part, can be dangerous and may cause or lead to injuries, including but not limited to, broken bones, concussions, comatose state and other very serious bodily injuries up to and including death. I acknowledge that I am sufficiently fit to voluntarily participate, and that I may examine the equipment and facilities. If it appears to be unsafe, I will notify the appropriate party and not use the equipment of facilities until such condition is corrected. My participation shall be conclusive proof that I was satisfied with the safety and condition of the equipment and premises.

I hereby consent that IDEA & ERAU or its agent may arrange for or provide emergency medical care that appears reasonably necessary, or transportation to such care. I understand and agree that neither IDEA & ERAU, nor its trustees, officers, employees, or agents shall provide medical insurance, nor will they pay any medical cost or expense incurred by me. I shall be responsible for the payment of all such expenses, including the costs of transportation or hospitalization. IDEA & ERAU, therefore, strongly recommends that I obtain my own personal insurance fit to cover any related injuries or damage, and I hereby acknowledge that recommendation.

I agree that this Agreement shall be binding on my personal representatives, assigns, heirs, next of kin and successors in interest whether such injuries or losses are alleged to be caused in whole or in part by the negligence of the released parties. In witness whereof, I affix my signature below:

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name (if under 18): \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date \_\_\_\_\_

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**II - PUBLICITY RELEASE AND CONSENT:** Participant and Parent/Guardian consent to all recording, photographing and imaging of Participant (the "Recordings") and each agree that IDEA can use these Recordings at any time and in any manner without payment to, or additional consent of, Participant or Parent/Guardian and release IDEA and its licensee from all claims related to use of the Recordings.

**III- ACKNOWLEDGEMENT OF RULES AND STANDARDS OF CONDUCT:** I understand that IDEA has rules and standards of conduct that are set forth in the IDEA Participants Manual. I agree to abide by these rules and standards for the safety of all participants, guests and employees.

**IV- ACKNOWLEDGMENT OF UNDERSTANDING:** Participant and Parent/Guardian have read this agreement to participate and fully understand its terms. Participant and Parent/Guardian acknowledge freely and voluntarily signing the agreement to participate and intend the signatures to signify a complete assumption of the inherent risks of participating in or observing activities at ID Soccer Exposure Camp to the greatest extent allowed by law in the State of Florida.

Participant and Parent/Guardian have read this Agreement and fully understand its terms. In signing this Agreement each acknowledges that he or she is consenting to the Participant's participation at ID Soccer Exposure Camp (as specified in article one) and acknowledge that each of Participant and Parent/Guardian expressly assumes all inherent risks of ID Soccer Exposure Camp activities.

**NOTICE TO THE MINOR CHILD'S NATURAL GUARDIAN** Read this form completely and carefully. You are agreeing to let your minor child engage in a potentially dangerous activity. You are agreeing that, even if IDEA uses reasonable care in providing this activity, there is a chance your child may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form you are giving up your child's right and your right to recover from IDEA in a lawsuit for any personal injury, including death, to your child or any property damage that results from the risks that are a natural party of the activity. You have the right to refuse to sign this form, and IDEA has the right to refuse to let your child participate if you do not sign this form.

Participant and Parent/Guardian acknowledge that they are signing the agreement freely and voluntarily, and intend their signatures to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Printed Name (if under 18): \_\_\_\_\_

Parent/Guardian Signature (if under 18): \_\_\_\_\_ Date \_\_\_\_\_