



2015 Kickin' For Kids Participation Waiver Release

I, _____, parent/legal guardian of _____, a minor, wish to have my child participate in the 2015 Kickin' For Kids Soccer Tournament. I understand that the 2015 Kickin' For Kids Soccer Tournament involves physical activity, which may include risks such as, but not limited to, injuries sustained due to collision with other players, falls or effects of the weather. By allowing my child to participate in this tournament, I hereby expressly assume all risks, including personal injury, arising in any way out of my child's participation.

I hereby agree to be solely responsible for my child's own health and safety. I hereby agree that my child is physically fit and able to participate in the tournament.

I agree that Kickin' For Kids and Children's Miracle Network may use event photos and videos of me, my child, my family and guests for advertising in any media including, but not limited to website, print, and broadcast.

I agree, for myself and my child and hereby release, indemnify and hold harmless, Kickin' For Kids, its planning committee, sponsors, volunteers and benefiting charity – Children's Miracle Network and its affiliated hospitals – University of Kansas Medical Center and Children's Mercy Hospitals and Clinics from all liability, claims, demands, and causes of action whatsoever, arising out of my child's participation in the 2015 Kickin' for Kids Soccer Tournament.

I have read, understand and agree to the terms of this Agreement.

Address:

Street: _____

Phone: _____

City, State ZIP: _____

email: _____

Signature of Parent/Legal Guardian _____