

PARTICIPANT INFORMATION AND CONSENT

I, the undersigned Participant, understand and agree that in consideration for my voluntary participation in a Soccer Camp _____ (insert description of program) program provided by Faith Baptist Church, Fredericksburg insert Program Provider name) ("Program Provider"), I voluntarily and knowingly assume all risks associated with my participation in the Program Provider's program, and on behalf of myself and my heirs, executors, and administrators, I voluntarily and knowingly **waive all claims against, and release and hold harmless the City of Fredericksburg, Texas,** and its officials, officers, agents, employees, co-sponsors, and volunteers, from and against any and all claims, damages, liabilities, causes of actions, losses, costs, and expenses, including reasonable attorney's fees, arising out of or in connection with my participation in Program Provider's program held on City of Fredericksburg property, **including without limitation, personal injuries, death, or loss of use of personal property.**

Participant Signature (if over 18 years of age): _____

Date: _____

PARENT/LEGAL GUARDIAN CONSENT

(REQUIRED FOR PARTICIPANT UNDER 18 YEARS OF AGE)

I, the undersigned Parent or Legal Guardian of the above Participant, understand and agree that participation in the above referenced program may result in personal injury, death, or personal property damage. My child, _____, has my permission to participate in the above referenced program. I understand and agree to the assumption of risk and waiver of claims set forth above.

Parent/Legal Guardian Name: _____

Parent/Legal Guardian Signature: _____

Date: _____