



# PRECISION SPORTS

## VIDEO ANALYSIS

SOCCER // FOOTBALL // LACROSSE // HOCKEY // BASEBALL // BASKETBALL

# WELLESLEY HS PRESEASON CLINIC WAIVER FORM

Name of Player: \_\_\_\_\_ Age:   Date of Birth: \_\_/\_\_/\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State:   Zip:

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**This form must be signed and read before the participant takes part in the camp. By signing this form, the parent of legal guardian of the participant affirms having read it and acknowledges having had sufficient opportunity to have this agreement reviewed by participant's counsel.**

**On my own behalf and on the behalf of my heirs, successors and assignees, I hereby forever release and discharge and agree to indemnify and hold harmless Precision Sports Video Analysis and all its related properties (collectively PSV Analysis) each of their officers, directors, employees, agents, member, shareholders, representatives and all owners and operators of all sites at which PSV Analysis conduct camps, and all the representatives {collectively the 'released parties} from any and all liabilities, claims, costs, demands or causes of actions, whether known or unknown ('claims') that I may now or hereafter have for injuries or damages arising out of my participation in "PSV Analysis", and any "PSV Analysis" related activity including without limitations clinics, camps, tryouts and training sessions.**

**I understand and acknowledge that dangers of personal injury are inherent in soccer clinics, camps, tryouts and training sessions, and I expressly and voluntarily assume all risk of death and personal injury sustained in the clinic, camp, tryout or training sessions, including but not limited to the risks incurred in all these activities and those arising from hidden, latent or obvious defects in any facilities or equipment used. I acknowledge the possibility that my successors or I may not fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. This release is intended to be binding on my heirs and assigns. this release is being signed in consideration of the opportunity to participate at 'PSV Analysis' events. It is an agreement made under seals and is governed by Massachusetts's law.**

Parents/Guardian Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_