

2025 Wilsonville HS Soccer Summer Activity Release

AMATEUR ATHLETIC MINOR WAIVER

In consideration of being allowed to participate in any way in Wilsonville High School's off-season boys soccer athletic/sports programs, and related events and activities including summer games, open gyms and weight lifting sessions throughout the summer and fall of 2025, the undersigned:

1. Agree that the parent(s) or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant shall be fully responsible for his own transportation to and from camp, games, and practices.
3. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions or negligence but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
4. Assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death.
5. Release, waive, discharge and covenant not to sue Wilsonville High School, West Linn/Wilsonville School District, Ian Reschke, and any and all other coaches, other participants, sponsoring agencies, Wilsonville High administrators, Wilsonville High employees, and, if applicable, the owners and lessors of premises used to conduct the event all of which hereinafter referred to as "releasees", from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasees or otherwise. This release includes but is not limited to all claims, demands, rights and causes of whatsoever kind of nature, arising from, and by reason of, any and all known and unknown, foreseen and unforeseen bodily and personal injuries, damage to property and the consequences thereof, that hereafter may be sustained.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE GIVE UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

_____ Date _____
PARENT OR GUARDIAN (Signature/Relationship)

PRINTED NAME OF PARENT OR GUARDIAN

PRINTED NAME OF PARTICIPANT HOME PHONE

Consent for Medical Care

I, _____, authorize all medical, surgical, diagnostic and hospital procedures as may be performed or presented by a physician for _____ if I cannot be or for whatsoever reason am not reached in case of emergency. The participant has liability insurance with:

(Policy Number)

(Family Doctor) (Phone #)

Does participant wear contacts: YES NO
Is participant allergic to bee stings: YES NO
List all other allergies:

List all other pertinent physical conditions:

Date _____ Signature _____
(Parent or legal guardian)