WAIVER AND RELEASE

I, _____ have asked to participate in the

CWRU Women's Soccer ID Clinic on _____.

As a condition of participating in such an activity, I agree to the following:

1. In consideration of being granted the opportunity to participate in this activity and use services and facilities furnished or made available by Case Western Reserve University as well as the assistance of employees of the University, I/we do hereby waive and release Case Western Reserve University, its officers, trustees, faculty, employees, coordinators of this activity, and agents from all claims, costs, liabilities, expenses and judgments, including attorney's fees and court costs, which may arise out of or be in any way connected with my participation in this activity.

2. My son/daughter is physically capable of participating in this activity. I understand that I am responsible for any personal emergency travel, medical, or other costs that are incurred as a result of this participation or any personal insurance which I may deem necessary. I also understand that Case Western Reserve University is not responsible for my safety under any circumstances.

3. I give permission for my son/daughter to participate in these activities. Should circumstances change, and I wish to revoke this permission, I will notify the Office of_____ in writing immediately and will be responsible for any costs already incurred.

4. While CWRU has put in place new safety rules and precautions in order to mitigate the spread of COVID-19, participants must acknowledge the contagious nature of COVID-19, the fact that it can be difficult to identify in others, and that CWRU cannot limit all potential sources of COVID19 infection. By voluntarily participating in activities on CWRU campus, participants affirm that they understand that the inherent risk of exposure to people infected with COVID-19 while at the university.

Student Signature:_____ Date:_____

Student Name (printed): _____

Parent Signature: _____ Date:_____

Parent Name (printed): _____

Parent Emergency Phone Number(s): _____