

## PACIFIC SOCCER ACADEMY LA 2020

I \_\_\_\_\_ (print full legal name) understand that the **PSA-LA** Camps include intense physical training methods. The camp is designed to prepare players for the upcoming season by working on tactical, technical and physical aspects of the game of Soccer. As is the case with any physical activity, the risk of injury, even serious or disabling, is always present and cannot be entirely eliminated. My signature acknowledges that I understand that.

Participation in **PSA-LA** camps at this time includes the possibility of exposure to and illness from diseases such as COVID-19. My signature on this waiver acknowledges that I knowingly and freely assume all such inherent risks and assume full responsibility for my child's participation. My signature also acknowledges that I understand that all **PSA-LA** staff will undertake all necessary measures to protect my child from exposure.

By signing my name below, I acknowledge that participation at the camp exposes my child to a possible risk of personal injury. I am fully aware of this risk and hereby release **Christian Chambers, Jamie Duffy, Gary Truman and their coaching staff** from any and all liability, negligence or other claims arising from, or in any way connected with, my child's participation.

I affirm that I alone am responsible for deciding to allow my child to participate in the camp, and hereby agree to irrevocably release and waive any claims that I have now, or hereafter may have, against **Christian Chambers, Jamie Duffy, Gary Truman and their coaching staff**. My signature acknowledges that I shall not now or at any time in the future, bring any legal action against **Christian Chambers, Jamie Duffy, Gary Truman or their coaching staff** and that this waiver is binding on me, my heirs, my spouse, my children, my legal representatives, my successors and my assigns.

My signature further verifies that my child is physically fit and a licensed medical doctor has verified their physical condition for participation in this type of camp. My signature is binding to this liability waiver from this day forth.

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**Signature of Parent**

**Date**

**Camp Information:**

<b>Name of Child</b>	
<b>Birth Year (2005, 2011, etc)</b>	
<b>Gender</b>	
<b>Emergency Contact Name/Number</b>	
<b>Name(s) of Friend(s) attending camp</b>	

**Please return both pages to Gary Truman [garyt@psa-la.com](mailto:garyt@psa-la.com)  
or bring to the first day of camp.**