PARENT/GUARDIAN CONSENT AND CAMPER MEDICAL RELEASE FORM

Player's Name: _____

Parent(s) or Guardian(s) Names: _____

MEDICAL WAIVER AND RELEASE: Recognizing the possibility of injury or illness, and in consideration thereof, I consent to my son/daughter participating in the programs and camps conducted by TOP BAR KEEPERS, LLC. Further, I hereby release, discharge, and otherwise indemnify TOP BAR KEEPERS, LLC, its camp directors, Hemant Sharma and Allison Whitworth, their employees—including but not limited to: all camp coaches, trainers, and administrators, associated personnel, volunteers, camp sponsors, the owners of any fields and facilities utilized for the camp—against any claim by or on behalf of my camper as a result of my son's/daughter's participation in a camp conducted by TOP BAR KEEPERS, LLC and/or being transported to or from the camp.

I certify that my camper has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has that may impact my child's participation in TOP BAR KEEPERS, LLC camps. I give my consent to have an athletic trainer and/or licensed medical doctor associated with the camp provide my camper with medical assistance and/or treatment. I understand that goalkeeping activities involve a risk of injury and agree to be financially responsible for the costs of injuries sustained by my camper during camps conducted by the staff of TOP BAR KEEPERS, LLC.

Signature of Parent or Guardian: _____Today's Date: _____

Parent or Guardian Name (Print): _____