

Magnolia West HS

Soccer (F)



MW Soccer Camp Incoming 5th - 9th

Camp Start Date: July 15, 2024

Start Time: 12:00:00 AM

Camp End Date: July 17, 2024

End Time: 12:00:00 AM

Venue Name: Magnolia West Stadium

Venue Address: 42202 FM 1774, Magnolia, TX 77354

Camp Cost: \$60.00

Questions: Coach Flores jflores@magnoliaisd.org

Medical Info:

WAIVER OF LIABILITY AND INDEMNIFICATION As the parent/guardian of

_____ (printed name), I/we agree that our student athlete is responsible for their own safety and actions while using any Magnolia ISD equipment, premises, or facilities for summer workouts. Our student hereby agrees to comply with all Magnolia ISD policies and rules, including but not limited to all Magnolia ISD policies, guidelines, signage, and instructions. With full awareness and appreciation of the risks involved, we as the parent/guardian(s) hereby forever release, waive, discharge, and covenant not to sue the Magnolia Independent School District, its board members, officers, agents, servants, independent contractors, affiliates, employees, successors, and assigns (collectively the "Released Parties") from any and all liability, claims, demands, actions, and causes of action whatsoever, directly or indirectly arising out of or related to any loss, damage, or injury, including death, that may be sustained or other injury/disease whether caused by the negligence of the Released Parties, any third-party using Magnolia ISD facilities, or otherwise, while participating in any activity while in, on, or around Magnolia ISD facilities and/or while using any Magnolia ISD facilities, tools, equipment, or materials. I HEREBY AGREE TO INDEMNIFY, DEFEND, AND HOLD HARMLESS THE RELEASED PARTIES FROM AND AGAINST ANY AND ALL COSTS, EXPENSES, DAMAGES, CLAIMS, LAWSUITS, JUDGMENTS, LOSSES, AND/OR LIABILITIES (INCLUDING ATTORNEY FEES) ARISING EITHER DIRECTLY OR INDIRECTLY FROM OR RELATED TO ANY AND ALL CLAIMS MADE BY OR AGAINST ANY OF THE RELEASED PARTIES DUE TO BODILY INJURY, DEATH, LOSS OF USE, MONETARY LOSS, OR ANY OTHER INJURY FROM OR RELATED TO THE USE OF THE MAGNOLIA ISD FACILITIES TOOLS, EQUIPMENT, OR MATERIALS, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASED PARTIES. By signing below I acknowledge and represent that I have read the foregoing Waiver of Liability, understand it and sign it voluntarily as my own free act and deed, including without limitation the Release of Liability and Indemnification requirements contained in this document; I am sufficiently informed about the risks involved in using Magnolia ISD facilities to decide whether to sign this document; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made. I agree that this Waiver of Liability shall be governed by and construed in accordance with Texas law, and that if any of the provisions hereof are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Waiver of Liability as a whole. _____

_____ Parent/Guardian Name (Printed) Parent/Guardian Signature
