



Liverpool FC International Academy America

CAMP KOP 2016

INSURANCE AND LIABILITY WAIVER & CONSENT FORM

- I understand that I am required to have accidental medical coverage for the child listed on this waiver, and I verify that the information provided on this form is accurate and true.
- In case of an injury, I authorize the staff of Liverpool FC International Academy America to render first aid.
- I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.
- I understand that at the discretion of the camp supervisor(s) and staff my child may be dismissed from the camp without refund for inappropriate behavior.
- I understand that at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child.
- I give permission to use, reprint and produce any photographs or videos taken of me or my child and written materials supplied by me or my child in the form of evaluation during the camp.
- I hereby authorize Liverpool FC IA America staff to act for me in case of an emergency and waive and release Liverpool FC IA America or any representative from any and all liability for any and all injuries and illness incurred while at camp.

Camper's Name _____

Parent/Guardian Signature _____

Insurance Company _____ Policy # _____

Emergency Contact _____ Phone # _____

