

# LAKOTA EAST Men's Soccer



## Youth Camp June 28 - July 1



Individual skills - Positional awareness - Team concepts

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### Camp led by

Head Coach Jeremy Hilen  
Lakota East Men's Soccer Staff  
Current college players  
Lakota East varsity players

### Online Registration

[www.eastthunderhawks.com](http://www.eastthunderhawks.com)

Select MORE

Camp Information is on the  
right in the drop down

Open to players  
entering 1st to  
8th grade in Fall

### June 28 - July 1

6/28: 6-8pm

6/29: 6-8pm

6/30: 6-8pm

7/1: 6-9pm

### Cost

\$80 per player  
includes camp  
T-shirt

 @LakotaEastMensSoccer

 @LEHSmenssoccer



## LAKOTA ATHLETICS



### **WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK/WAIVER OF LIABILITY/INDEMNIFICATION AGREEMENT**

As a result of the highly contagious novel coronavirus, COVID-19, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Lakota Local School District has put in place preventative measures to reduce the spread of COVID-19 including following the directives and guidelines from the Governor, the Ohio Department of Health, and our county health department. However, the Lakota Local School District cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending and participating in \_\_\_\_\_ (“Activity”) could increase your risk and your child(ren)’s risk of contracting COVID-19.

You and/or your child(ren)’s participation and attendance at Activity is voluntary. Further, you and your child(ren) are required to abide by directives designed to lower the risk of COVID-19 exposure which may include wearing masks, social distancing (6 feet apart), washing hands, non-sharing of equipment, wiping down all shared equipment after each use, limitations on spectators, etc. These directives will be provided to you by \_\_\_\_\_. If you fail to follow these directives, you will forfeit you and your child(ren)’s right to continued participation in the Activity.

In consideration of being allowed to participate in the Activity the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Lakota Local School District their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (“RELEASEES”), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, I and my child/ward understand and accept these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

**RELEASE OF LIABILITY / INFORMED CONSENT / ASSUMPTION OF RISK WAIVER**

I, \_\_\_\_\_, hereby understand and acknowledge that participating in off-season student activities, including camps, school-sponsored activities not-in-season, open mates, open gyms, and/or use of exercise equipment (hereinafter, the "Activity") provided by **Lakota Local School District Board of Education** on its properties, requires physical exertion that may be strenuous and may expose me to many inherent risks, including accidents, physical injury, illness or even death. I am fully aware of the risks and hazards involved. I assume all risk of injuries associated with participation in said Activity of which may or may not be currently known, including, but not limited to, falls, contact with other participants, physical injuries, potential for falls, slips, sprains, broken bones, etc. In extremely rare cases, paralysis and even sudden death can occur as a result of the participation in this Activity. Serious injury or sudden death may also occur as a result of improper use of equipment.

I hereby acknowledge my responsibility in communicating any physical and psychological concerns that might conflict with participation in Activity. I acknowledge that I am physically fit and mentally capable of performing the physical Activity I choose to participate in.

Being fully informed as to these risks and in consideration for being allowed to participate in this Activity, I hereby assume all risk of injury, damage and liability arising from participation in this Activity. I have read this Release of Liability and Assumption of Risk Agreement. I fully understand this agreement and that I have given up substantial legal rights by signing it. I sign it freely and voluntarily.

I hereby release and hold harmless the **Lakota Local School District Board of Education**, its board of education members, employees, volunteers and agents from any liability, actions, causes of action, claims, judgments cost or expense, including attorneys fees, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by me while participating in said Activity. I have voluntarily chosen to participate and assume all such dangers and risks.

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Student's Name	Participant's Signature	Date
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I certify that I am the parent/legal guardian of the above-named student, and that I have read and understand this Release of Liability/Informed Consent/Assumption of Risk Waiver agreement. I certify that I have explained the risks and dangers to my child. I certify that I have completed, signed, and returned an Emergency Medical Authorization Form consenting to emergency medical treatment for my child. I hereby release and hold harmless Lakota Local School District Board of Education, and their board of education members, employees, volunteers and agents associated with the Activity and related activities from any liability, actions, causes of action, claims, judgment cost or expense, known or unknown at this time, arising out of or in any way related to any injury or illness incurred by my child while participating in this Activity(ies). I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my child be permitted to participate in this activity.

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Parent's Name	Parent's Signature	Date
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Parent's Name	Parent's Signature	Date
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Is this student covered by a medical insurance policy? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes,

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_