

ATTACHMENT A  
**Waiver, Release and Indemnity**

I, the undersigned Participant, wish to participate in the NLSTA Overnight Soccer Camp event scheduled to take place at the campus of The College of New Jersey (“TCNJ”) during the period of July 16, 2017 through July 19, 2017 (the “Camp” or “Activity”). I understand that the Event is operated by Next Level Soccer Training Academy, LLC and/or Next Level Soccer Academy, Inc. (“Licensees”) and that this Activity is neither administered nor sponsored by Releasees (defined below). In consideration of TCNJ’s permitting me to participate in the Activity, I agree as follows.

I fully recognize that certain risks are involved in participating in the Activity and in being transported to and from the campus and other incidental places, and I voluntarily assume those risks, whether or not I or TCNJ or any of the other Licensees or Releasees may have been advised that any such injury or damages might or could occur and notwithstanding the failure of essential purpose of any remedy.

I am wholly responsible for my own behavior and possessions during the Activity and any other time spent on the TCNJ campus. I will behave responsibly and professionally and I will wear protective clothing and equipment as appropriate, follow directions of the employees and agents of Licensees or TCNJ and engage in the Activity in a prudent and cautious manner. I will not consume any alcoholic beverages or non-therapeutic drugs prior to or while participating in the Activity. I will not (i) act in any way which shall interfere with the lawful running or operation of the Activity or equipment used in connection with the Activity or (ii) engage in any type of conduct, which contributes to or causes injury to any person. I will not perform any tasks that I am uncomfortable with or feel unsafe doing, but rather will promptly notify Licensees and seek a reasonable accommodation. I have read and do agree to comply with the Residence Hall Code of Conduct provided at [www.tcnj.edu/].

I am responsible for all of my own loss, liability and expenses, including medical expenses in connection with the Activity. I understand that I have the opportunity to inform the Licensees of any disability that I may have and to request a reasonable accommodation that would permit me to perform the essential functions of a participant in the Activity. To the extent that I have any physical, mental, psychological or medical condition that would prohibit me from participating or materially increase the risk to me or others of my participating in certain aspects of the Activity, I have so notified the Licensees in writing and retained a copy of that notice showing the written acknowledgment of an authorized representative of the Licensees. I have been directed to consult with the TCNJ Office of Disability Support Services ([dss@tcnj.edu](mailto:dss@tcnj.edu)) if I am not satisfied with the Licensees’ response to any request that I have made for an accommodation. I have adequate insurance to cover any medical expenses for any injuries that may arise out of the Activity. I hereby authorize the employees and agents of Licensees or TCNJ, at their discretion, to administer to or seek for me first aid and other emergency medical services and transportation for further medical care, but I acknowledge that they may not be present or may not elect or be able or competent to administer or seek such aid or services or transportation.

I will not hold any of TCNJ, Trenton State College Corporation, the State of New Jersey or the New Jersey Educational Facilities Authority or the Licensees, or their respective members, directors, trustees, officers, employees, agents, students or volunteers (collectively, the “Releasees”) responsible for any personal injury (including death) or property damage that I might incur in connection with the Activity, even if the negligence of any of the Releasees or Licensees caused or contributed to such injury or damages. I will not sue or seek damages from any of the Releasees in any form, and I hereby waive and release any and all claims against each of the Releasees for personal injury (including death) or property damage, arising in any way out of my participation in the Activity, even if the negligence of any of the Releasees caused or contributed to such injury or damages and I agree to indemnify, defend and hold each Releasee harmless from any such claims. I recognize that this release means I am giving up, among other things, rights to sue the Releasees for injuries, damages or losses I may incur.

I have read and do understand the above statements and they are true and accurate. The signing of this Waiver, Release and Indemnity is completely voluntary.

**READ ABOVE CAREFULLY BEFORE SIGNING BELOW.**

\_\_\_\_\_  
Participant’s Printed Name

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Date

If Participant is under the age of 18 years, signature of parent or legal guardian is required.

I hereby voluntarily give permission for the Participant to participate in the Activity and agree to be bound by the terms of this Waiver, Release and Indemnity.

\_\_\_\_\_  
Parent/Legal Guardian’s Printed Name

\_\_\_\_\_  
Parent/Legal Guardian’s Signature

\_\_\_\_\_  
Date