



Waiver (Please read, then sign and date):

The parent or guardian signing the following permission slip will be contacted in case of an emergency. I, parent or guardian of the participant, hereby authorize the agent, officer or employee of the Milwaukee Wave Summer Soccer Camps to act for me according to his/her best judgment, in any emergency requiring medical attention, and hereby waive and release agents, officers and employees, or the owner and operators of Milwaukee Wave Summer Soccer Camps from any and all liability for any injuries, illnesses, or loss of property incurred while attending the camps. Parents or guardians must inform the Milwaukee Wave of any special health needs. I also consent to the use by the Milwaukee Wave and/or sponsors for promotional purposes in connection with this summer camp of his/her name, address (city/state) and/or likeness and/or voice without further compensation. Adult participant's signature for the agreement above.

Signature _____ Date _____