

**Ambassadors Soccer Camps Parental Consent Waiver**

As a parent/guardian, I wish for my child to attend the Ambassadors Soccer Camp. I understand that Ambassadors Football, the staff & sponsoring church are under no liability whatsoever in respect to any personal loss or injury which the below named applicant may sustain during participation in the Ambassadors Soccer Camp. I also hereby authorize the Ambassadors' staff to act for my child according to their best judgement in any emergency situation requiring medical attention. I also realize that my child's picture, video production or testimony may be used in Ambassadors' promotions.

Child’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_