



## Glasses Waiver Form

Participant's Name: \_\_\_\_\_ Parent/Guardian's Name: \_\_\_\_\_

I, the undersigned parent/guardian, hereby acknowledge and accept the risks associated with my child wearing glasses while participating in the Catalan Summer Football Camps. I understand that wearing glasses during physical activities, including football, poses certain risks, such as potential injury from contact, falls, or other unforeseen incidents.

By signing this waiver, I agree to release and hold harmless Catalan Soccer, its staff, coaches, and volunteers from any liability, claims, demands, or actions arising from any injury, loss, or damage sustained by my child while wearing glasses during the camp activities.

I further acknowledge that I have been informed of the following:

1. It is recommended that my child wear appropriate sports eyewear designed for active sports participation to reduce the risk of injury.
2. Regular glasses, including prescription eyeglasses, may not provide sufficient protection during physical activities, and it is my responsibility to ensure that my child is equipped with appropriate eyewear.
3. Catalan Soccer and its staff will not be held responsible for any damage or loss of glasses during the camp. It is recommended to secure glasses with a suitable strap or retain them in a protective case when not in use.
4. I understand that it is my responsibility to inform the camp staff of any relevant eye conditions, prescriptions, or necessary accommodations that my child may require.

By signing below, I confirm that I have read and understood this Glasses Waiver Form, and I voluntarily assume all risks associated with my child wearing glasses during the Catalan Summer Football Camps.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_