

Minor Waiver/Release
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS
READ BEFORE SIGNING

IN CONSIDERATION OF _____, my child/ward, being allowed to
Name Of Minor Child/Ward
participate in any way in the **JAMES MACPHERSON'S NEXT LEVEL YOUTH FB CAMP** related events and activities, the

undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury to my child/ward from the activities involved in these programs is significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I FOR MYSELF, SPOUSE, AND CHILD/WARD, 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 child/ward's participation; and,
3. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child/ward's readiness for participation and/or in the program itself, I will remove my child/ward from the participation and bring such attention of the nearest official immediately; and,
4. I for myself, my spouse, my child/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **JAMES MACPHERSON'S NEXT LEVEL YOUTH FB CAMP** its directors, officers, officials, agents, employees, volunteers, 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 INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child/ward's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
5. I, for myself, my spouse, my child's/ward, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my child's/ward involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, 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 IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed: _____

UNDERSTANDING OF RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

(PARTICIPANT SIGNATURE)

(PRINT NAME)

Date Signed: _____

EMERGENCY INFORMATION & CONSENT
(ONE FOR EACH ATHLETE)

Athlete's Name: _____ Nickname: _____ Position: _____

School: _____

Address: _____

Home Phone:(____) _____ Work Phone:(____) _____ Email _____

Emergency Contact: _____

Emergency Contact Phone :(____) _____ Work Phone:(____) _____

Email _____

Family Medical Insurance:

Carrier: _____

Policy #: _____ Group#: _____

Family Physician's Name: _____

Physician's Address: _____

Physician's Phone:(____) _____

Allergies (list): _____

Serious Medical Conditions (list): _____

I/we hereby grant consent to any and all health care providers designated by: JAMES MACPHERSON'S NEXT LEVEL YOUTH FB CAMP

to provide my child _____ any necessary medical care as a result of any injury/illness.
(name)

This consent includes First Aid and transportation to/from health care providers.

(Date)

(Parent/Guardian Signature)

IMAGE RELEASE

In consideration of participation in the JAMES MACPHERSON'S NEXT LEVEL YOUTH FB CAMP, the undersigned agrees that their likeness, or the likeness of their child/ward may be photographed or videotaped and that such image may be published in an outlet used to promote or publicize the sports program.

Names of child: _____

(Parent/Guardian Signature)

(Print Name)

(Date)