



# 2010 FOOTBALL CAMP

## **CAMPER INFORMATION:**

To be completed by the camper's parent/guardian. This form must be signed by a parent/guardian and returned the first day of camp:

Camper's Name: \_\_\_\_\_

Age the day camp begins: \_\_\_\_ 2010-2011 Grade level: \_\_\_\_ School: \_\_\_\_\_

## **MEDICAL INSURANCE INFORMATION:**

I **DO** have medical insurance for my child and I agree to be responsible for all costs that my medical insurance does not cover.

I **DO NOT** have medical insurance that covers my child and I agree to be fully liable for any and all medical cost incurred for treatment.

I have read and I fully accept the terms and conditions described in the Camp Flyer and on website (<http://www.huddleforhope.org>) I understand that the Huddle for Hope camp staff will do everything in their power to avoid any injury to all campers. I understand that because of the nature of the sport contact and physical exertion will occur during this camp and that injury during practice at camp because of contact or physical exertion is possible. In return for my child ("Participant") being allowed to participate in the camp, I release and agree not to sue any of the campers at the camp, the Huddle for Hope Foundation, and their staff members, sub-contractors, sponsors, agents, and affiliates from all present and future claims that may be made by the Participant or me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of the Participant's participation in the camp and caused by the ordinary negligence of the parties listed above, wherever, whenever, or however the same may occur. I certify that the Participant is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the football to be played in the camp. Permission is granted for Participant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless those listed above for all claims arising out of Participant's participation in the camp and all related activities. I agree to let the parties use Participant's name and likeness free of charge in any manner and for any purpose without compensation to me or Participant. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the camp is taking place and agree that if any portion of the Agreement is invalid, the remainder will continue in full legal force and effect. I represent that I am a parent/legal guardian of the child named above and I agree that the terms of this release are binding on me and the Child.

Parent/Legal Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_