

**WAIVER/RELEASE FORM FOR THE TEXAS PREMIER FOOTBALL CAMP**

**I. PARENTAL CONSENT**

I, The parent or legal guardian of \_\_\_\_\_, a participant in The Texas Premier Football Camp (TPFC), do hereby grant permission for his/her participation in any and all camp/clinic activities.

\* Initials: \_\_\_\_\_

**II. REALEASE FROM LIABILITY**

I agree to assume all risks and hazards incidental to participation in this camp/clinic. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Texas Premier Football Camp, its officers, directors, coaches, sponsors, volunteers, employees, participants, affiliates, and representatives, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

Furthermore, I waive, release, remise, covenant not to sue, and fully discharge Texas Premier Football Camp, its officers, directors, coaches, sponsors, volunteers, employees, participants, affiliates, and representatives of any, liabilities, demands, actions or rights of action, damages of any kind (Causes of Action), whatsoever, related to or arising out, or in any way connected to participation in The Texas Premier Football Camp, including those Causes of Action allegedly from, or in any way related to, the negligent acts or omissions of TPFC its officers, agents, and or employees.

I certify that the participant has no known medical problems that would increase the risk of illness, injury, and/or death, as a result of participation in The Texas Premier Football Football Camp or any other activity facilitated and or designed by TPFC.

\* Initials: \_\_\_\_\_

**III. MEDICAL RELEASE**

Because my child is involved in an active training and conditioning camp/clinic, I understand that there may be an occasion when an injury occurs that requires medical treatment and representatives of The Texas Premier Football Camp are unable to contact me. This situation may occur before, during or after the camp activities, while at the program site.

Participant: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Telephone#: \_\_\_\_\_

Business Telephone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy # \_\_\_\_\_

If parent or legal guardian cannot be reached, an EMERGENCY CONTACT to call:

Name: \_\_\_\_\_ Telephone#: \_\_\_\_\_

Relationship: \_\_\_\_\_

Please list any allergies and medical conditions that should be brought to our attention.

Include any medication(s) that your child uses regularly: \_\_\_\_\_

\* Initials: \_\_\_\_\_

I hereby grant permission to the organizers of The Texas Premier Football Camp to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

**SIGNATURE** of Parent or Legal Guardian: \_\_\_\_\_

**I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT.**

X \_\_\_\_\_  
SIGN Parent or Legal Guardian Name

X \_\_\_\_\_  
PRINT Parent or Legal Guardian Name

X \_\_\_\_\_  
Date Signed