



WAIVER & RELEASE

As parent and/or legal guardian, I hereby give consent for the below listed minor ("ATHLETE") to participate in The ELEANOR JOHNSON YOUTH FOOTBALL SKILLS CAMP ("SKILLS CAMP"). As parent and/or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the ATHLETE. I understand the nature of the ("SKILLS CAMP") and any risks and hazards. To the best of my knowledge, the ATHLETE is in good health, and in proper physical condition to participate in such activity. I acknowledge that the ATHLETE

understands that in the event of medical or other concerns, the ATHLETE will immediately notify coaching staff.

In consideration for the opportunity for the ATHLETE to participate, and fully recognizing that such an undertaking involves an element of risk. By signing you voluntarily assume full responsibility and all risks, hazards, and any incidental or loss, or damage to person, or property. For such participation I do hereby release, absolve, indemnify and agree to hold harmless ELEANOR J. JOHNSON YOUTH CENTER, the owner(s), its affiliate(s), sponsor(s), personnel and/or coaching staff ("EVENT ORGANIZERS") from liability for any circumstances related to this SKILLS CAMP.

During the period of the SKILLS CAMP, I hereby give permission for the staff to administer appropriate medical attention to the ATHLETE in the event of any accident, illness, or injury, including non-prescription medications or any medications listed herein that the ATHLETE brings to camp in original containers with dosage instructions. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

I hereby irrevocably authorize permission to take pictures and/or video of the ATHLETE. I consent use the ATHLETE's likeness in photograph(s), or video(s), in all media and publications, including but not limited to all printed, digital, and online publications. I understand and agree that any videos and photographs using the ATHLETE's likeness will become property of EVENT ORGANIZERS and I irrevocably waive all financial compensation for use of pictures and/or videos.

I hereby hold harmless and release and forever discharge Event Organizers, along with all Event Organizers employees, agents, volunteers, and attorneys, from all past, present, and future claims, demands, obligations, causes of action, damages, costs, attorneys' fees, and expenses of any kind which I, my heirs, personal representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have or that may hereafter accrue by reason of, or in any way related to this SKILLS CAMP, including use of the pictures and/or videos pursuant to this authorization. By signing this waiver, I agree, understand, and have read this waiver. I assume all risk on behalf of myself and/or the ATHLETE as it relates to participation in this SKILLS CAMP. I agree that I freely signed this document without any incentive or reassurance of any nature. Its purpose is to be a complete and unconditional release of all liability to the greatest extent allowed by law.

I hereby affirm that I fully understand the on behalf of myself and/or the ATHLETE.

Signature

Date

Printed Name: _____

Minor Athlete #1: _____

Minor Athlete #2: _____

Minor Athlete #3: _____