

Camper Name: \_\_\_\_\_

(Please Print)

# Elite Football Camps

at Morrisville State College

(Please Print)

Name of Parent(s)/Legal Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Parent/Guardian Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone: \_\_\_\_\_

Parent/Guardian Email: \_\_\_\_\_

## PARTICIPATION AUTHORIZATION & INDEMNIFICATION:

I hereby give my consent for my child to participate in the program being conducted by **ELITE FOOTBALL CAMPS** and coach Curt Fitzpatrick (hereinafter "Indemnitees"), and declare that I will not hold indemnitees, their employees, organizers, sponsors, supervisors, participants, or volunteer associates with the program, responsible for any injuries, damage, or personal loss incurred while participating in said program whether the result of negligence or any other cause. The undersigned and the above named participant are aware that safety regulations are applicable to the above program and hereby agree to comply with such regulations and all directions of instructor and/or personnel in charge of the program. I further understand there are inherent risks in this program, and I fully assume and accept all such risks, and I hereby release, discharge, covenant not to sue and agree to indemnify and save hold harmless the Indemnitees, their employees, organizers, sponsors, supervisors and/or volunteers from all liability, claims, demand, losses or damages on the minor's account caused or alleged to be caused in whole or part as a result of the releasee's conduct; and further agree that if, despite this release, I, the minor or anyone on the minor's behalf makes a claim against any of the above releasees, I will indemnify and save and hold harmless each of the releasee's from any litigation, expenses, attorney's fees, loss, liability, damage or cost, any may incur as a result of such claim.

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

## MEDICAL AUTHORIZATION & INDEMNIFICATION:

I understand that **ELITE FOOTBALL CAMPS**, its staff and all persons related directly or indirectly with the **ELITE FOOTBALL CAMPS**, assumes no financial obligation or liability; but in the case of accident or illness, I grant my **authorization** to secure **medical/dental** treatment for the above named minor if I cannot be contacted immediately. I hereby consent to the administration of any and all **medical/dental** procedures deemed necessary by any medical personnel, or the attending authorities of **ELITE FOOTBALL CAMPS**. Please have your signature witnessed by an adult different from the person you are making responsible for your child.

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