

JUNE 24-25, 2016
Two Camps. Two Days.
Grades K - 12



WAIVER/RELEASE FORM

I. PARENTAL CONSENT

I, The parent or legal guardian of _____, a participant in the 2016 Southern Indiana Football Skills Youth Summer Camp, does hereby grant permission for his/her participation in any and all Southern Indiana Football Skills Youth Summer Camp activities.

* Initials: _____

II. RELEASE FROM LIABILITY

For my child, myself and all others I agree to assume all risks and hazards incidental to participation in a Southern Indiana Football Skills Youth Summer Camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Jon Goldsberry, JRJG, LLC., Heritage Hills High School, North Spencer School Corporation, Southern Indiana Football & Life Skills Youth Summer Camp, NFL Play 60, Indianapolis Colts, Advocare, Academy Sports + Outdoors, National Office Furniture, the officers, directors, coaches, sponsors, medical personnel, trainers, volunteers, individual chapters, participants, and persons transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

* Initials: _____

III. MEDICAL RELEASE

Because your child is involved in physical activities during the Southern Indiana Football & Life Skills Youth Summer Camp, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our Southern Indiana Football & Life Skills Youth Summer Camp while at our site.

Participant: _____

Date of Birth: _____

Parent or Guardian Name: _____

Phone#: _____ Medical Insurance Carrier: _____

If parent or legal guardian cannot be reached, 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:

I hereby grant permission to the Southern Indiana Football & Life Skills Youth Summer 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.

*PRINT Parent of Legal Guardian Name

*SIGNATURE Parent or Legal Guardian

*Date

The Southern Indiana Football & Life Skills Youth Summer Camp is presented by JRJG, LLC.



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