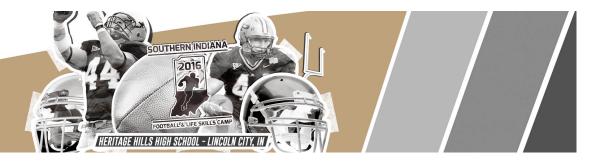
JUNE 24-25, 2016 Two Camps. Two Days. Grades K - 12



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 here	eby grant permission for his/her participation in any and all Southern Indiana Football
Skills Youth Summer Camp activities.	
	* Initials:
II. REALEASE FROM LIABILITY	
Skills Youth Summer Camp. I do hereby waive LLC., Heritage Hills High School, North Spence NFL Play 60, Indianapolis Colts, Advocare, Acsponsors, medical personnel, trainers, volunteer team activities, for any claim arising out of an i	ssume all risks and hazards incidental to participation in a Southern Indiana Football e, release, absolve, indemnify, and agree to hold harmless, Jon Goldsberry, JRJG, ser School Corporation, Southern Indiana Football & Life Skills Youth Summer Camp, addemy Sports + Outdoors, National Office Furniture, the officers, directors, coaches, rs, individual chapters, participants, and persons transporting my child to and from any njury to my child, whether the result of negligence or any other cause. * Initials:
III. MEDICAL RELEASE	
may be an occasion when an injury occurs that	rities during the Southern Indiana Football & Life Skills Youth Summer Camp, there requires medical treatment and we are unable to contact you. This situation may occur otball & Life Skills Youth Summer Camp while at our site.
Participant:	Date of Birth:
	Medical Insurance Carrier:
If parent or legal guardian cannot be reache	d, 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:
	na Football & Life Skills Youth Summer Camp to administer first aid, secure proper , ward) in case of emergency, provided they are unable to communicate with me, and
SIGNATURE of Parent or Legal Guardian:	
I HEREBY ACKNOWLEDGE BY MY SIG TO THIS DOCUMENT.	NATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED
*PRINT Parent of Legal Guardian Name	*SIGNATURE Parent or Legal Guardian *Date
The Southern Indiana Foot	ball & Life Skills Youth Summer Camp is presented by JRJG , LLC .







