

# Bucknell Football Camps Waiver



Insurance Carrier

Policy Number

Player Name

The undersigned parent or guardian understands that the applicant will be engaging in physical activity during the program which contains an inherent risk of physical injury, and the undersigned assumes this risk and releases the Bison Football Camp and Bucknell University, their officers, directors, agents and employees from any and all liability for personal injury arising out of the applicant's participation in the camp program. I hereby grant permission for my son to be treated by a licensed physician or a member of the athletic training staff for any injury, accident, illness, or other mishap. I further agree to pay through my insurance company or otherwise for any medical treatment that may be necessary. I certify that my child is in good health and is able to participate in all camp activities.

In Process

Parent/Guardian Signature