WILL HEALY FOOTBALL CAMPS

Parental Consent, Assumption of Risk, and Release from Liability Form

The purpose of this form is to enable our staff and/or health facilities in the area to provide prompt care to your minor child(ren). We must have a completed Parental Consent Form on file. This way, we can help your child without delay in the event of an emergency.

PARTICIPANT INFORMATION

Name of Participant: _____ DOB: _____/_____/_____

Camp attending (circle one): Specialist Camp Elite Camp I Youth Camp Elite Camp II

Insurance Provider: _____ Policy Holder: _____

ID Number: _____ Provider Phone #: (____) _____-_____

MEDICAL INFORMATION

Allergic reactions: _____

Medication(s) presently taking: _____

Past illness or other information that would be useful in the event treatment is necessary:

_____

_____

EMERGENCY CONTACTS

Guardian 1 Name: _____ Relationship: _____ Phone #: (____) _____-_____

Guardian 2 Name: _____ Relationship: _____ Phone #: (____) _____-_____

Additional Name: _____ Relationship: _____Phone #: (____) _____-_____

PARTICIPANT AGREEMENT

I voluntarily agree to allow my minor child(ren) to participate in this activity and hereby accept and assume all such risks, known and unknown, and assume all responsibility for the losses, costs and/or damages following such injury, disability, paralysis or death, even if caused, in whole or in part, by the negligence of Austin Peay State University with the exception of willful and gross negligence. In consideration of allowing my minor child(ren) to participate in this activity, as well as the use of any of the facilities and the use of the equipment, I hereby agree as follows: (1)TO WAVE AND RELEASE ANY AND ALL CLAIMS based upon negligence, active or passive with the exception of international, wanton or willful misconduct, that I may have in the future against any of the following named persons or entities and their officers, directors, employees, representatives, agents and volunteers. (2) To release Austin Peay State University, their officers, directors, employees, representatives, agents, and volunteers, from liability and responsibility, whatsoever for any claim of action that I, my estate, heirs, executors or assigns may have for any personal injury, property damage or wrongful death arising from the activity whether caused by active or passive negligence of Austin Peay State University or otherwise with the exception of gross negligence. By executing this document, I agree to hold Austin Peay state University harmless for any injury, including, but not limited to, paralysis, or permanent disability, or loss of life which may occur to my minor child(ren) during the activity and/or instruction. (3) By entering into this agreement, I am not relying on any oral or written representation or statement made by Austin Peay State University, other than what is set forth in this agreement. I further agree that this Agreement shall be governed by and interpreted in accordance with the laws of the State of Tennessee, United States of America. (4) If any provision of this release is found to be unenforced or invalid, that provision shall be severed from this contract. The remainder of this contract will then be construed as though the unenforced provision had never been contained in this document. I hereby authorize the director, assistants, or other persons responsible for my minor child(ren)'s care to act on my behalf, according to their best judgement, for said minor in any emergency requiring medical attention and I hereby waive and release the camp/ program, the instructors and Austin Peay State University of all liability for any illness or injuries incurred while at, or in transit to and from the camp.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

I have read and acknowledge the Participation Agreement.

Print Name of Participant	Signature of Participant (if 18 or older)	Date
Print Name of Parent/Guardian	Signature of Parent/Guardian	Date