

Email Address:

Physical Notice (required attending camp):

Parental Consent

Before medical treatment can be administered to minors, the law requires parental/guardian permission. As parent or guardian, you are asked to sign the following consent form that will allow medical treatment to be administered promptly should the need arise. Except in emergencies, no medical treatment will be provided without first contacting the parent or guardian to inform you of the situation.

As the minor's parent or guardian, I have actual knowledge and appreciate that there are risks of bodily injury including, but not limited to, cuts, broken bones, muscle strains/sprains, concussions, and heat-related conditions and injuries that may arise from one's participation and I hereby voluntarily consent and assume all risk of possible physical injury, including death, arising therefrom.

X _____

Signature

Relationship

Release & Waiver of Claims

In consideration of my child/dependent being permitted to attend and participate in football camp activities, I, FOR MYSELF, MY CHILD/DEPENDENT, MY HEIRS, AND PERSONAL REPRESENTATIVES, DO HEREBY WAIVE, RELEASE, AND DISCHARGE FOREVER ANY AND ALL CLAIMS FOR DAMAGES FOR BODILY INJURY OR DEATH OR DAMAGE OR LOSS OF PROPERTY, THAT I OR MY CHILD/DEPENDENT MAY HAVE OR THAT MAY ACCRUE SUBSEQUENTLY TO ME OR TO MY CHILD/DEPENDENT AGAINST SOUTHERN METHODIST UNIVERSITY (THE "UNIVERSITY") AND/OR SONNY DYKES FOOTBALL CAMP, LLC (THE "CAMP") AND THEIR TRUSTEES, OFFICERS, EMPLOYEES, MEMBERS, AND AGENTS ARISING FROM OR ATTRIBUTABLE TO MY

CHILD/DEPENDENT'S ATTENDANCE AT AND PARTICIPATION IN FOOTBALL CAMP ACTIVITIES. Further, I hereby give the University and/or the Camp and their agents and representatives permission and a release to use as necessary my child's/dependent's name and photograph to promote and advertise the football camp for a period of two years after the date of this release, unless revoked by me in writing. I have read, or have had read to me, this release and waiver of claims statement and understand and voluntarily agree to its provisions.

X _____

Signature of Parent/Guardian

Date

Child's/Dependent's Name and Telephone Number

I hereby state that Southern Methodist University and/or Sonny Dykes Football Camp, LLC, their trustees, officers, employees, members, and agents are not responsible

for any pre-existing injury or reoccurrence or aggravation of any undisclosed pre-existing injury or illness of the above camper.

X _____

Signature of Parent/Guardian

Date

