

2022 VIKING FOOTBALL CAMP

June 26-29 2022,

REGISTRATION /MEDICAL INSURANCE WAIVER FORM

THIS FORM MUST BE COMPLETED, SIGNED, AND BROUGHT TO THE 1ST DAY OF CAMP. CAMPERS WILL NOT BE ALLOWED TO PARTICIPATE IN CAMP WITHOUT THIS FORM.

CAMPER NAME: _____ DATE OF BIRTH: _____

SCHOOL: _____ COACH'S NAME: _____

TEAM: VARSITY JV FRESHMAN (CIRCLE ONE)

PARENT/GAURDIAN NAME: _____

EMERGENCY CONTACT: _____ RELATIONSHIP TO CAMPER: _____

EMERGENCY PHONE NUMBER: _____

Permission for Emergency Medical Treatment/Medical Insurance

I confirm that my camper is healthy enough to participate in this full contact football camp. I have medical insurance on my camper and will provide coverage while he is participating in the camp. In the event of a medical emergency, if I am not available, I authorize the camp director or his designee to seek medical attention for my camper, and to execute consent orders to authorize emergency medical treatment for any medical procedures that may be required.

Policy Holder's Name _____

Insurance Company _____

Policy # _____

(I do not have medical insurance and take the responsibility of medical expenses on my own _____ . Initial)

Assumption of Risk, Waiver of Liability

I am aware of the dangers involved in participation in the physical activities of Football Camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that Viking Football Camp involves competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the LTUSD & Viking Football Camp including its director, employees, coaches, volunteers, physicians and other practitioners of the healing arts; and anyone else associated with the Viking Football Camp from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgement and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

Camper Signature

Date

Parent/Guardian Signature

Date