

Beaver Athletics Camp Waiver

In consideration of being able to participate in a camp for athletics in conjunction with the Beaver Area School District and Beaver Bobcat Football Booster Club, the undersigned parent/guardian, my personal representatives, heirs, and next of kin, agree to release and hold harmless the School District, the Beaver Bobcat Football Booster Club, its coaches, volunteers, representatives, agents, and employees from all liability for any claims, including negligence, resulting from participation in such camp.

As the parent or legal guardian of the participant listed below, I authorize my child to participate in the Athletic Camp listed below. Any illness or injuries resulting from participation in the Camp are my responsibility. Participation in the Camp is voluntary. The undersigned recognizes there are inherent dangers associated with any athletic camp. The undersigned participant may be exposed to such dangers and hereby assumes full responsibility for any risk of bodily injury, death, or property damage arising out of or related to the event. The undersigned also hereby certifies that the participant named below is in good health and has no physical impairment, injury, or illness that will make participation by the undersigned dangerous to himself/herself or others. I, as parent or guardian of participant, hereby waive my right to negotiate over the terms of this waiver of liability.

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form, you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment for my child if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

In the event of illness or injury, I authorize representatives of the Beaver Area School District to obtain medical treatment for the participant listed below. I further acknowledge that I will be responsible for any and all medical and related bills that may be incurred on behalf of the participant for any illness or injury that the participant may sustain related to, or during the Camp.

The undersigned, parent or guardian, has read this release and waiver of liability, assumption of risk agreement and fully understands its terms, and has signed it freely and voluntarily without any inducement, assurance or guarantee being made to him/her and intends his/her signature to be complete and unconditional release of all liability to the greatest extent of the law and further agrees that no oral representations, statements or inducements apart from the forgoing written agreement have been made.

Name of Camp Beaver Bobcats Youth Football Camp (Held June 28th, 29th, 30th, 2022)

Participant Full Name _____ Birthdate _____

Address _____

City _____ State, Zip _____

1. Emergency Contact _____ Phone _____

2. Emergency Contact _____ Phone _____

Medications _____

Allergies _____

School Attending in the Fall _____ Grade _____

Signature of Participant _____

Parent/Guardian Name (print) _____

Signature of Parent/Guardian _____ Date _____