

WAIVER RELEASE OF LIABILITY AND MEDICAL TREATMENT CONSENT

[Seth DeValve Foundation Football Camp]

Please read and agree to the terms and conditions of the waiver listed below: In consideration of being allowed to participate in any way in the Seth DeValve Foundation Football Camp, to include related events and activities, the undersigned: 1. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her trainer or supervisor of such condition(s) and refuse to participate. 2. Understand and acknowledge that as a result of participation, an injury could occur that may require medical attention, and that on occasion the trainer and staff of the Seth DeValve Foundation Football Camp, to include medical personnel may be unable to contact me immediately for my consent for emergency medical care. I do hereby authorize the staff of the Seth DeValve Foundation Football Camp to consent on my behalf as they may deem necessary to such emergency medical care, including ambulance transport and hospital care, as may be deemed necessary under the then existing circumstances by available medical personnel, including ordering injections and /or anesthesia and/or surgery. Every method of communication will be exhausted to reach the parent or guardian prior to making any decision on behalf of an injured athlete. In so doing, I assume responsibility for the expenses of any such care not covered by my insurance.

3. Acknowledge and fully understand that each participant will be engaging in activities that may involve risk of injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time. 4. Assume all the foregoing risks and accepts personal responsibility for the damages following such injury, permanent total disability or death. 5. Release, waive, discharge and covenant not to sue the Seth DeValve Foundation Football Camp, their respective Administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as “releases” from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

6. I confirm my understanding and consent that by participating in the Seth DeValve Foundation Football Camp, my child/ward may be photographed, identified and/or interviewed by people providing information for school publications or the media. I give my permission for the Seth DeValve Foundation Football Camp to publish, on its website or in school publications, photographs and other information which may identify my child/ward related to my child’s participation in All Seth DeValve Foundation Football Camps. ** Refund Policy: We have a NO REFUND policy. Schedule conflicts with family, school and teams will not be considered for refund. If due to weather conditions, our event will be rescheduled for a later date.

If the Seth DeValve Foundation Football Camp decides to cancel an event, all monies (if applicable) will be refunded. Be advised, this event is Free to the public.

*****Parent or Guardian Signature of Acknowledgment (Be advised, if your child participates in the event without the appropriate signature(s), this waiver release of liability and medical treatment consent form is valid and treated as an acknowledgment from the parent/guardian).**

Athlete(s) Full Name:

Parent Full Name:

Signature: