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**WAIVER/RELEASE FORM EAST PAULDING RAIDER SPONSORED FOOTBALL CAMP**

 **I. PARENTAL CONSENT**
I, The parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a participant in the East Paulding sponsored event, does hereby grant permission for his/her participation in any and all camp activities. \* **Initials**: \_\_\_\_\_\_\_\_\_

**II. REALEASE FROM LIABILITY**
 I agree to assume all risks and hazards incidental to participation in an athletic camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Paulding County, the officers, directors, coaches, sponsors, volunteers and participants for any claim arising out of an injury to my child, whether the result of negligence or any other cause. \* **Initials**: \_\_\_\_\_\_\_\_\_

**III. MEDICAL RELEASE**
Because your child is involved in an active conditioning camp, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our athletic camp while at our site.

Participant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home

Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Business Telephone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Medical Insurance Carrier: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parent or legal guardian cannot be reached, call: Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone#:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any allergies and medical conditions that should be brought to our attention. Include any medication(s) that your child uses regularly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_

I hereby grant permission to the East Paulding Staff to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

SIGNATURE of Parent or Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT.

\*PRINT Parent of Legal Guardian Name \*SIGNATURE Parent or Legal Guardian \*Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_