

Jerome Souers Football Camp Liability Form

Athlete _____

Father/Guardian Name _____

Home Phone _____ Mobile Phone _____

Employer _____ Work Phone _____

Fax Number _____

Mother/Guardian Name _____

Home Phone _____ Mobile Phone _____

Employer _____ Work Phone _____

Fax Number _____

Insurance Carrier _____

Policy Holder _____ Group Policy # _____

Policy # _____ Claims# _____

Please use the following space to explain any special instructions/circumstances the camp medical staff should be aware of regarding the health of your child: _____

RELEASE OF LIABILITY

Jerome Souers football Camp is not a Northern Arizona University Football Camp but is operated independently In Consideration of Jerome Souers Football Camp LLC at granting the above named participant permission to participate in the sports camps, I hereby assume all risks of his/her personal injury that may result from any sport camp activity. As Parent/Guardian, I do indemnify defend, and hold harmless, Jerome Souers Football Camp LLC, sport camps and its officers, employees, agents, instructors, and all participants in the sports camp program from and against all liability, including claims and suits at law or in the equity, for injury, fatal or otherwise, which may result from any negligence and/or the camper taking part in sports camp activities.

PHYSICAL EXAMINATION WITHIN ONE YEAR

I certify that within the past year my daughter/son has had a physical examination by a physician, and that she/he is physically able to participate in the sports camp activities.

CONSENT FOR TREATMENT AND/OR FIRST AID

In the unlikely event of injury or illness, I hereby give my consent for medical treatment and permission to a certified athletic trainer to supervise on-site first aid for minor injuries, and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable treatment and necessary procedures) for the camper. EVERY ATTEMPT WILL BE MADE TO CONTACT YOU, THE PARENT/GUARDIAN, PRIOR TO ANY MEDICAL ATTENTION BEYOND FIRST AID, IS GIVEN.

SPORTS CAMP MEDICAL INSURANCE

I am aware that the camp carries medical insurance for injuries/illnesses to the camper acquired as a result of activities at camp. However, I understand this is a secondary insurance, which may only be utilized after claims have been submitted with my primary insurance, which covers my daughter/son, and I understand that the camp insurance has a claim limit and that any bills in excess of this limit will be my responsibility.

Parent/Guardian Signature

(CAMPER IF 18 OR OLDER) _____ Date _____/_____/_____

MAIL IN OR PLEASE BRING THIS FORM TO CAMP. YOU WILL NOT BE ABLE YOU WILL NOT BE ABLE TO PARTICIPATE IN CAMP ACTIVITIES UNTIL THIS FORM IS COMPLETE.