



WORK TO WIN **FOOTBALL**

Assumption of Risk and Medical Release Waiver

Please read the following waiver thoroughly. You must sign and agree to all terms before your student-athlete participates in Work to Win LLC Football Camp.

The purpose of this Agreement is to enable parents and students to give informed consent for a student to participate in the **Work to Win Football LLC** camps at Creekside High School (**CHS**) and to confirm the agreement of the student and the parents regarding assumption of risks, waiver and release of liability, and indemnification, as a condition of the student's participation in Work to Win Football LLC camps. This agreement also provides consent regarding photographs, publication and media coverage of the Work to Win Football LLC camps.

RISKS: I agree and understand that there are risks (some known and others unknown or unforeseeable) ranging from minor injury to death associated with participation in Work to Win Football LLC camps. These risks include the possibility of very serious injuries which can occur for a variety of reasons and under a variety of circumstances related to the Work to Win Football LLC camps. Such risks include, but are not limited to, the risks of injury; disability; paralysis or even death resulting from causes including, without limitation, facility conditions; actions of other attendees; weather; improper techniques and other aspects; hazards inherent in summer camp; improper or malfunctioning equipment; improper or inadequate training.

I fully understand the risks and dangers involved. I fully assume the risks and dangers involved as acceptable to me, and I agree to use my best judgement in undertaking these activities, and I agree to follow all safety instructions. I waive, release, covenant not to sue, and agree to indemnify and hold harmless Work to Win Football LLC, its employees and independent contractors or Creekside High School from any claims, actions, suits, costs, expenses, damages or liabilities, including attorney's fees for personal injury, property damage, accidents, illnesses, death, or any incidental damages that may arise from my child's use of the facilities, equipment or from participation in the activities or receipt of instruction.

Initials

EMERGENCY MEDICAL TREATMENT: I give my permission to **Work to Win Football LLC** staff to make decisions regarding emergency medical treatment for my child/ward in the event that neither of the child/ward's parents can be reached at a time when any such decisions need to be made, and I hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be deemed necessary for the welfare of my child, in the event of injury or illness while my child/ward is participating in Work to Win Football LLC camps. I confirm that my child/ward is healthy and able to participate in Work to Win Football LLC camps and have had the opportunity to consult with a physician on this subject if I chose to do so.

Initials

ACKNOWLEDGEMENT AND UNDERSTANDING: I have read this assumption of risk and fully understand its terms. I acknowledge that I am signing the agreement freely and voluntarily and intend my signature to signify the complete assumption of the inherent risks of my child's participating in **Work to Win Football LLC** camp activities at **Creekside High School** to the greatest extent allowed by law.

Initials

Camper's Name (printed): _____

Parent/Guardian Name (printed): _____

Parent/Guardian Signature: _____

Date: _____