

SHOW LOW UNIFIED SCHOOL DISTRICT NO. 10
SHOW LOW FOOTBALL CAMP 2025
RELEASE OF LIABILITY/WAIVER

Football Camp Dates June 14 - June 17, 2025 **Location:** 500 Old Linden Rd. Show Low, AZ 85921

Student Name _____ **Age** _____ **Parent/Guardian Name** _____

Phone No. _____ **Address** _____

Student's School: _____ **Student's Coach:** _____

The student should complete this Agreement and Release of Liability ("Agreement") if student is age 18 or older. Student's parent or legal guardian should complete and sign this Agreement if student is under age 18.

I, the undersigned (or parent/guardian, if student is under 18 years old), understand that this is a legally-binding agreement and release of liability of the Show Low Unified School District No. 10 (the "District").

I/student requests permission to participate in the Show Low Cougar Football Camp (the "Camp"). In consideration of permission being granted to me/student to participate in the Camp, I agree as follows:

1. **Voluntary Activity** I understand and agree that my student participation in the Camp is purely voluntary and is not required by the District.

2. **Release of Liability** I, on behalf of myself/student, my/student's heirs, personal representatives, guardians, successors, and assigns, hereby release from and agree not to bring claims against the District and its employees, agents, representatives and volunteers, as well as any other organization through which student is participating in the activities and any respective employees and agents (all of whom are referred to as "Releases") for any claims, loss, liability, demands, causes of action, costs, expenses (including but not limited to attorneys' fees), damages or suits of any type, whether in law or in equity, that I/student may have arising from, or relating in any way (directly or indirectly) to my/student's participation in the activities, including without limitation any physical, emotional or mental injury or property damage that I/student may suffer as a result of my/student's participation in the Camp, to the maximum extent permitted by law. I agree to defend and indemnify the District from and against any claims arising from or related to my/student's acts or omissions while participating in any and all activities. I also agree to pay for any and all property damage caused by my student or me, negligently, willfully, or otherwise.

3. **Acknowledgment of Risk** I recognize that participation in the Camp involves risks of injury due to certain inherent dangers that cannot be eliminated regardless of the care taken to avoid them. These injuries include, but are not limited to: injuries from physical contact with other individuals; contact with the ground, surfaces, fixtures, and equipment; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific injury risks vary from (1) minor injuries such as burns, scratches, bruises, and sprains, to (2) major injuries such as eye injury or loss of sight, joint injuries, back injuries, heart attacks, heat stroke and concussions to (3) catastrophic injuries including paralysis and death. I understand that the dangers, hazards, and risks of the Camp could include serious or even fatal injuries and property damage. I acknowledge that I have fully considered the dangers, hazards, and risks associated with my/student's participation in the activity, and voluntarily assume those dangers, hazards, and risks. I give my consent and approval for my/student's participation in the Camp.

4. **Emergency Medical Treatment** I hereby grant the District permission to authorize emergency medical treatment, if necessary, and to transport me/student to an appropriate facility to receive emergency medical treatment, and that such action shall be subject to the terms of this Agreement. I understand and agree that the District assumes no responsibility for any injury or damages which might arise out of, or in connection with, such authorized emergency medical treatment.

5. **Fitness to Participate** I hereby represent that I am/student is physically and mentally able to participate in the Camp and that I have/student has no health problems or physical or mental conditions that would present a risk to me/student or to others.

6. **Insurance** I am aware the District does not provide accident or health insurance coverage for me or my student. I represent that I am/student is covered by a comprehensive medical plan (health insurance) necessary to provide and pay for any and all medical costs (including but not limited to transportation costs associated with obtaining medical care) and/or I will assume all responsibility for medical costs incurred as a result of illness and/or as a result of my/student's participation in the activities. I agree to pay for any costs related to my/student's medical treatment that are not covered by insurance or if I/student has no medical insurance.

7. **Photographs** I consent to the use by the District of any photographs of me/student for publicity, promotion, advertising or other legitimate purposes.

I acknowledge that I have carefully read this Agreement and fully understand its contents. I acknowledge that I am voluntarily executing this Agreement of my own free will after having the opportunity to consult with legal counsel of my own choosing. I understand that this Agreement means I am/student is giving up, among other things, rights to sue the District and Releases for injuries, damages or losses I/student may incur. I also understand that this release binds me/student, as well as my/student’s heirs, executors, administrators, and assigns. I further acknowledge and understand that this Agreement will absolve and release the District and Releases from any liability in connection with any injury or harm suffered as a result of my/student’s participation in the activities.

I have read and understand that this Agreement is a release of legal rights and claims.
Signature (if over age 18)_____Date_____

Student Name (please print)_____

I further state that I am the student’s parent/guardian, and am fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending for myself, for the student, and for the student’s family, estate, heirs, administrators, personal representatives, or assigns to be bound by same.

Parent/Guardian Signature_____Date_____

(Required if under 18 years of age)

Parent/Guardian Name (please print)_____

**SHOW LOW UNIFIED SCHOOL DISTRICT NO.
COUGAR FOOTBALL CAMP 2024
EMERGENCY CONTACT FORM**

Student name: _____ DOB: _____

Emergency Contact: _____ Telephone _____

Secondary emergency contact: _____ Telephone no: _____

Name of primary care doctor: _____ Telephone no.: _____

Policy #: _____ Insurance Carrier: _____

Special instructions: _____

**PLEASE PROVIDE THE COMPLETED RELEASE OF LIABILITY/WAIVER, MEDICAL INFORMATION FORM,
TO YOUR COACH**

**SCOTT HOFFMEYER, CAMP DIRECTOR
SHOW LOW COUGAR FOOTBALL CAMP
COST: \$375.00**

**DEPOSIT OF \$100 AND CAMP FORMS ARE DUE ON MAY 16 (3:30-5:30 PM)
MAKE CHECKS/MONEY ORDER PAYABLE TO: AIR RAID FOOTBALL
(if you participated in a fundraiser we will let you know how much you owe before May 16)**

FINAL PAYMENT FOR CAMP IS DUE ON JUNE 12

(IF 14 DAYS PRIOR TO CAMP, ALL PAYMENTS MUST BE PAID IN CASH, OR MONEY ORDER AND PAID IN FULL)