

HOGTOWN SPORTS MEMORABILIA PRESENTS

LANDON JACKSON YOUTH CAMP

WAIVER FORM AGREEMENT

1. Medical Condition & Authorization. I certify that the named Participant is physically able to participate in the Landon Jackson camp and that I know of no restrictions, physical impairments, or any other facts, which in any manner limit his/her participation in such Camp. I also understand that Hogtown Sports Memorabilia Staff will administer no physical examinations prior to or during the Camp and that they will rely solely upon the information shown on this form and/or otherwise provided in writing in advance to a Hogtown Sports Memorabilia Staff member. I give permission for Participant to receive emergency medical treatment and hospitalization if necessary. I hereby authorize directors, coaches, staff and associates of Hogtown Sports Memorabilia to act on my behalf according to their best judgment in any emergency requiring medical treatment and hospitalization, if necessary.

2. Assumption of Risk of Camp Activities. I understand the risk of injury to Participant from the activities involved in the Camp is significant, including the potential for permanent disability and death. The term "Camp Activities" includes but is not limited to: activities on and off the Camp facility, field and/or site, and includes activities before, during and after field instruction, beginning from Participant's arrival to the Camp facility, field and/or site up and through the conclusion of the Camp. While the particular Camp rules, equipment and personal discipline may reduce this risk, the risk of serious injury does exist. I/WE (PARENT/GUARDIAN AND PARTICIPANT) KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF HOGTOWN SPORTS MEMORABILIA, AND/OR ITS COACHES, STAFF, CAMP MANAGEMENT, AND DIRECTORS AND I/WE ASSUME FULL RESPONSIBILITY FOR PARTICIPATION IN CAMP BY PARTICIPANT.

3. Release, Indemnify & Hold Harmless. I/WE FOR MYSELF AND ON BEHALF OF PARTICIPANT HEREBY RELEASE, INDEMNIFY AND HOLD HOGTOWN SPORTS MEMORABILIA, and its Coaches, staff, Camp management, Directors, Sponsors, Representatives, Volunteers and if applicable, the owners and lessors of the premises used to conduct the Camp (Releases) with respect to ANY AND ALL INJURY, DISABILITY, DEATH OR LOSS OR DAMAGE TO PERSON OR PROPERTY INCIDENT TO PARTICIPANT'S INVOLVEMENT OR PARTICIPATION IN ANY AND ALL CAMP ACTIVITIES WHETHER ARISING FROM THE NEGLIGENCE OF RELEASES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.

Hogtown Sports Memorabilia Waiver Agreement

I hereby authorize the director or any member(s) of the league staff to act for me according to their best judgement in an emergency requiring medical attention. I hereby waive and release Hogtown Sports, and all members of the league staff from all claims due to injuries that may be sustained by my child while attending this league. I agree to indemnify Hogtown Sports Memorabilia and all members of the league for any claim that may hereafter be presented by my child as a result of such injury.

Signature _____ Child's Name _____

Date _____ Relationship _____

Child's Shirt Size _____

Parent's Email _____ Parent's Phone Number _____