



# Play 60 Camp Liability Release

Play60 Events have no Panthers player participation and are non-contact

I authorize my child to participate in the Play 60 event (the "Event").

I acknowledge that my Child's participation in the Event involves risk of serious bodily injury, death, and/or property damage. I assume and accept all risk of bodily injury, death, property damage and other harm connected with my Child's participation in the Event. I acknowledge that I am responsible for any and all medical expenses due to my Child's illness or injury in connection with the Event.

I acknowledge that the Event may involve strenuous and hazardous physical activities and I certify that my Child is in excellent physical health and has no physical limitations that would prevent my Child from participating in the Event. I grant permission to the Camp Parties (defined below) to provide my Child with emergency medical treatment if needed.

I hereby indemnify, hold harmless and release Panthers Football, LLC, the National Football League and its thirty-two Member Clubs, Atrium Health, the camp host, and each of their respective affiliates, officers, directors, employees, agents or representatives ("Combine Parties") for and from any and all liability for all claims, demands, losses, damages and costs, including reasonable attorneys' fees, that arise out of or in connection with any personal injury, property damage, and/or other loss, including death, suffered by my Child, in connection with my Child's participation in the Event.

I authorize the Combine Parties to take videotapes and photographs of my Child and to record my child's, voice, conversation and other sounds during and in connection with the Event. I acknowledge that the Combine Parties shall own exclusively all copyright and other rights in and to such tapes, photography, and recordings and may use them forever and throughout the world in any manner without compensation to me or my Child. I authorize the Combine Parties to use my Child's name, voice, likeness, and any biographical facts provided to the Combine Parties in advertising and promoting the Events or any National League Football game without further compensation.

I acknowledge that I am 18 years of age or older.

I certify that I am the parent or legal guardian of my Child.

I acknowledge that I have read this Release, fully understand its contents and have signed below of my own free will.

I am over the age of 18 and would like to receive promotional messages from the Carolina Panthers and Atrium Health.

School/Organization Name:

First Name:

Last Name:

Email Address:

Signature

Child's First and Last Name:

Child's First and Last Name:

Child's First and Last Name:

Child's First and Last Name: