



WAIVER/RELEASE FORM
Nutrition & Health Football Skills Challenge 2017

I. PARENTAL CONSENT

I, The parent or legal guardian of _____, a participant in the Nutrition and Health Football Skills Challenge, does hereby grant permission for his/her participation in any and all challenge activities.

* Initials: _____

II. RELEASER FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in a football camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, the We All Win Championship Weekend Host, the officers, directors, coaches, sponsors, volunteers, individual organizations, participants, and persons transporting my child to and from any challenge activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause.

* Initials: _____

III. MEDICAL RELEASE

Because your child is involved in an active football camp, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our conditioning camp while at our site.

Participant: _____ Date of Birth: _____

Parent or Guardian Name: _____

Home Telephone#: _____ Business Telephone#: _____

Cell Phone#: _____ Medical Insurance Carrier: _____

If parent or legal guardian cannot be reached, call:

Name: _____ Telephone#: _____

Relationship: _____

Please list any allergies and medical conditions that should be brought to our attention.

Include any medication(s) that your child uses regularly: _____

*Initials: _____

I hereby grant permission to the We All Win Organization to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter) in case of emergency, provided they are unable to communicate with me, and according to their best judgment.

SIGNATURE of Parent or Legal Guardian: _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT.

*PRINT Parent of Legal Guardian Name

*SIGNATURE Parent or Legal Guardian

*Date

Signature of We All Win Nutrition / Health Challenge Official