



Thursday, June 30, 2022 / 8 am / Historic Cramton Bowl

- 8 am Registration + free t-shirt for participants (**MUST bring signed waiver**)
- 9 am Football Clinic coached by Huntingdon College Football Staff
- 11:30 am Speaker & free lunch for youth participants
- 12:30 pm Conclusion

Full Name of Participant(s) _____

Full Name of Legal Guardian _____

Address _____

City, State, Zip _____

Phone _____

Email _____

Age (MUST be 7 – 13 years old) _____

Full Name of Emergency Contact _____

Phone Number of Emergency Contact _____

PARTICIPANT AUTHORIZATION, WAIVER OF LIABILITY

THIS DOCUMENT CAUSES YOU TO WAIVE CERTAIN POTENTIAL LEGAL CLAIMS. YOU SHOULD READ IT CAREFULLY BEFORE SIGNING. IF YOU DO NOT WISH TO SIGN IT (WHICH IS YOUR LEGAL RIGHT), YOU WILL NOT BE PERMITTED TO PARTICIPATE IN THE EVENT.

Event: 2022 Camellia Bowl Youth Football Clinic

1. **ASSUMPTION OF RISK.** I acknowledge that my participation in the Event involves the risk of bodily injury, death, and/or property damage. I assume and accept all risk of bodily injury, death, property damage, and any and all other harm connected with or arising out of my participation in the Event. I understand that this risk may result from my own actions or the acts or negligence of ERT, its parents, subsidiaries, employees, agents, and contractors (the “**ESPN Parties**”), other participants in the Event, and the condition of any property, facilities, or equipment used. I also understand that there may be risks involved that are not known to me, the ESPN Parties, or to the other participants, and may not be foreseen or reasonably foreseeable by anyone. I assume all of the foregoing risks, including the risk of any negligence of the ESPN Parties, by myself, or by other participants, and the risk of injury caused by the condition of any property, facilities, or equipment used during the Event and accept personal responsibility for any injury or damage of any kind or nature that I or my property may suffer or cause arising out of or in connection with my participation in the Event. I certify that I am in good physical health and have no physical limitations that would prevent me from participating in the Event. I grant permission to the ESPN Parties to provide me with emergency medical treatment if needed. I acknowledge that I am responsible for any and all medical expenses resulting from my injury or illness in connection with or arising out of the Event.

2. **INDEMNITY:** I hereby release and forever discharge and agree to save and hold harmless the ESPN Parties of and from any and all injuries, illnesses, losses, damages, and claims of any kind or nature that are caused or alleged to be caused in whole or in part by my action, negligence, fault, or failure to act.

3. **NAME AND LIKENESS RELEASE:** I authorize the ESPN Parties to record my image, voice, and all other sounds during and in connection with the Event. The ESPN Parties have the right, and may grant others the right, to reproduce, print, publish, or disseminate in any medium, my name and likeness in or connected with the Events and any audio, visual, or audio-visual programming made of or related to the Events (including, but not limited to, works for commercial profit).

If Participant is 18 or over: I acknowledge that I have read this participation agreement, fully understand its contents and have signed below of my own free will.

If Participant is under 18: I certify that I am the parent or legal guardian of the participant and acknowledge that the authorizations, agreements and waivers included herein apply to the participant. I am signing to evidence the agreement of the participant.

Signature: _____ **Date:** _____

(Instructions: If Participant is 18 or over, provide signature of Participant. If Participant is under 18, provide signature of parent/legal guardian of Participant.)

Printed Name of Participant : _____

Printed Name of Parent/Guardian (if Participant is under 18): _____