

JACKSONVILLE UNIVERSITY  
Athletic Department  
Sports Medicine

**Kerwin Bell Youth Football Camp**  
**ASSUMPTION OF RISK WAIVER**

**Player's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Please list any medical conditions that the coaches and athletic training staff need to be made aware of? (i.e. Allergies, Asthma, etc.)

**Insurance/Contact Information**

Please list contacts with appropriate phone numbers for notifications of emergencies.

**Primary Contact:** Name: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Secondary Contact:** Name: \_\_\_\_\_ Home: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Policy Holders Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SS# \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Policy# \_\_\_\_\_ Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Consent to Treat**

I also hereby authorize the Athletic Training Staff at Jacksonville University to render to my son any basic first-aid, injury evaluation, referrals to appropriate medical specialty, and/or recommendations that they deem reasonably necessary for my son's health and well being. Every attempt will be made to contact the parent or guardians of any injuries that need first-aid or referrals to appropriate medical specialty.

Fully understanding the risks involved with the **All Pro Linman Football Camp** and my responsibilities, I hereby voluntarily assume all risks associated with participation and agree to exonerate, save harmless and release **All Pro Lineman Camp, Jacksonville University, Jacksonville University Department of Athletics, Sports medicine staff and its physicians, Strength coaches, Coaching staff and athletic team, and Jacksonville University agents, servants, and employees** from any and all liability, any medical expenses, and all claims, causes of action or demand of any kind and nature whatsoever which may arise by or in connection with my participation in this camp.

\_\_\_\_\_  
Parent's Name (PRINT FULL NAME)

\_\_\_\_\_  
Parent's Signature (Parent, if athlete is under 18 years old)

\_\_\_\_\_  
Date

