

Kerwin Bell Football Camp LLC
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 Kerwin Bell Football Camp LLC 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 Kerwin Bell Football Camp LLC and my responsibilities, I hereby voluntarily assume all risks associated with participation and agree to exonerate, save harmless and release, Kerwin Bell Football Camp LLC, 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