

Ron Turner Football Camp Emergency Contact and Waiver Form

Date and Location of Camp: _____

Camper Name: _____

PARENT/EMERGENCY CONTACT INFORMATION

Name: _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Day Phone: _____ Evening Phone: _____

I, the parent or guardian, wish to enroll the above named child in the Ron Turner Football Camp. I understand that each camper must be covered by an accident and illness insurance policy.

Assumption of Risk and Release of all Claims Release Statement:

I acknowledge that I have chosen to participate in the Ron Turner Football Camp and that this activity may expose me to risks, known and unknown, or personal injury that could be painful, permanently disfiguring or debilitating and fatal. I recognize and accept the exposure and freely assume these risks and their consequences, which may also include the potential for property loss or damage.

It is my intention by this instrument to exempt and relieve Ron Turner Enterprises the FIU Board of Trustees, Florida International University, the Florida Board of Education, and their respective trustees, directors, officers, instructors, agents, or employees from liability for personal injury, property damage, or wrongful death, whether or not caused by negligence occurring to me arising as a result of engaging in the Ron Turner Football Camp or, any activities incidental thereto or however the same may occur.

I acknowledge that I currently carry medical insurance. I give my consent to receive emergency medical treatment on the event of injury or illness and agree to be responsible for all costs associated with my transportation and treatment.

Signature: _____ Printed Name: _____ Date: _____