

Waiver of Liability/Hold Harmless Agreement and Consent to Medical Treatment

Next Level Sport Services Football Camp 06/10/2024 - 06/13/2024

My child has my permission to participate in the Next Level Sports Services Football Camp. To the best of my knowledge, my child is in good physical condition, and has no physical impairment or infirmity which would place them or myself at risk by participating in the football camp. I am fully aware of possible risks or hazards in participating in the football camp. In the event of a medical emergency, I authorize the staff of the Next Level Sports Services to obtain appropriate medical attention as necessary to the best of our judgment. I fully consent to such treatment and I will be responsible for any medical or other charges in connection with attendance at the football camp. I will be responsible for any and all costs not covered by medical coverage and insurance.

I waive, release the ownership of Next Level Sports Services harmless from any liability for any claim for damages which my child may have for injuries or illness that may occur at the football camp. I authorize Next Level Sports Services to use any photographs or video from the camp about my child for publicity purposes.

I have read this waiver of liability and fully understand its terms:

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Camp Participant's Signature	Printed Participant's Name	Date Signed
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Parent/Guardian's Signature	Printed Parent/Guardian's Name	Date Signed
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My child is covered by (Insurance Company) \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Parent's Cell Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_