

## 2024 Football for Life Summer Camp

## WAIVER OF LIABILITY

Student Name Grade:		Home Phone:
Address:		
Parent(s)/Guardian(s) Names:		
Parent/ Guardian phone: Work:	Home:	Other:
The above student participant and family acknowledge that participation in sport or activity includes possible exposure to illness, injury, or death. Football for Life, Softball for Life, and/or San Pasqual Valley HS cannot completely mitigate the transfer of communicable diseases like COVID 19, especially when involved in a sporting activity.		
Football for Life, Softball for Life and San Pasqual Valley HS advises those athletes who live with elders, or family members considered "at-risk", to consider this in your decision of participation in the Summer Recreation Program.		
In consideration for providing my child the opports Softball For Life Camp, both my child and I volunt and discharge any and all claims against Football releasing all from liability for any exposure to injur infectious disease including COVID-19, including for Life, and/or San Pasqual Valley HS, employee myself, my child, our estates, our heirs, our admir	tarily agree to follo I for Life, Softball ry. Also to include claims for any ne es or agents there	ow the sport/activity guidelines and we waive for Life and San Pasqual Valley HS, a release of liability for any exposure to egligent actions of Football for Life, Softball of, to the fullest extent allowed by law, for
I also agree to release, exonerate, discharge, and hold harmless Football for Life, Softball for Life, and San Pasqual Valley HS, the individual members thereof, and all officers, agents, employees, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to injury. Including any issues arising from an infectious disease including COVID-19, which may result from or in connection with my child's participation in sport or activity.		
I further certify and represent that I have the legal the released parties on behalf of myself and the ab		
I certify that I have read this document in its entirety and fully understand its contents. In exchange for the opportunity to participate in the 2024 Football for Life Camp and/or 2024 Softball for Life Camp, the above-named student and I freely and voluntarily assume all risks of such hazards and notwithstanding such, release Football for Life, Softball for Life, and San Pasqual Valley HS from all liability for any loss, regardless of cause, and claims arising from the student's participation in the 2024 Football for Life Camp and/or 2024 Softball for Life Camp hosted by San Pasqual Valley HS on May 9-11, 2024.		
Student Signature		Date

Date

Parent/Legal Guardian Signature