



footballforlife.net

2025 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 and/or Todd County High School cannot completely mitigate the transfer of communicable diseases like COVID 19, especially when involved in a sporting activity. Football for Life and/or Todd County High School 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 opportunity to participate in the 2025 Football for Life Camp, both my child and I voluntarily agree to follow the sport/activity guidelines and we waive and discharge any and all claims against Football for Life and/or Todd County High School, releasing all from liability for any exposure to injury. Also to include a release of liability for any exposure to infectious disease including but not limited to COVID-19, including claims for any negligent actions of Football for Life and/or Todd County High School, employees or agents thereof, to the fullest extent allowed by law, for myself, my child, our estates, our heirs, our administrators, our executors, our assignees, and our successors.

I also agree to release, exonerate, discharge, and hold harmless Football for Life and/or Todd County High School, 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 authority to waive, discharge, release, and hold harmless the released parties on behalf of myself and the above-named student.

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 2025 Football 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 and/or Todd County High School from all liability for any loss, regardless of cause, and claims arising from the student's participation in the 2025 Football for Life Camp hosted by Todd County High School on June 21, 2025.

Student Signature

Date

Parent/Legal Guardian Signature

Date