

Chris Brown Football Camp
July 10th and 11th, 2009

NAME (please print): _____ PHONE _____

ADDRESS _____ CITY _____ ST _____ ZIP _____

EMAIL ADDRESS _____

EMERGENCY CONTACT NAME _____ PHONE _____

RELATIONSHIP TO PARTICIPANT _____

General Release Waiver of Liability

Release and Waiver of Liability:

In consideration for Chris Brown Camp permitting our child to participate in its Summer Football Camp, we hereby agree as follows: We agree that Chris Brown Camp, its officers, employees, and agents shall not be liable for any injury to the person or property of our child arising out of, or related to our child's presence on Calvary Temple's premises, his or her participation in any aspect of Chris Brown Summer Football Camp, or occurring while our child is under the care, supervision or responsibility of any Chris Brown Football Camp, officers, agents, and employees, from and against any claims, demands, actions, losses or cause of action whatsoever arising out of or related to any injury to person or damage to property of our child while our child is on the camp's premises, participating in any aspect of Chris Brown Summer Football Camp, and /or under the care, supervision, and/or responsibility of any Chris Brown Football employee or agent, whether such claim, demand, action, loss, or cause of action results from an act or omission, including the negligent acts or omissions, of Chris Brown Camp its officers, employees or agents, or from some other cause, whether foreseeable or unforeseeable. Measures will be taken by staff to maintain order, security, courtesy and protection to all participants and guests throughout the camp session.

Signed: _____

Relationship: _____ **Dated:** _____

Consent to Medical Treatment:

In the event that Chris Brown Camp, in its sole discretion, determines that there is or may be a medical emergency requiring immediate medical treatment for my child, we hereby authorize any office, employee or agent of Chris Brown Camp to secure and consent to the transportation and/or treatment of my/our child by any licensed ambulance, physician, hospital, or other medical personnel, and we agree that Chris Brown Camp, sponsors, or agents shall NOT be financially responsible for payment of any and all such medical transportation and or treatment.

Signed: _____

Relationship: _____ **Dated:** _____

*****Allergies, Food Allergies, Illnesses, or other Medical Conditions*****

Health Insurance Provider _____ POLICY# _____

I give my permission to use photographs, videotapes, recording or any other record of my child's participation in the Chris Brown Football Camp for any purpose. By signing below, as legal guardian for said child, I understand and consent to this statement.

Signed: _____

Relationship: _____ **Dated:** _____