



## Waiver Form for Injury / Photo and Video Releases

I, the undersigned parent/guardian of the above camper, understand that participation in football activities involves risks, including but not limited to physical injury, illness, or property damage and do hereby grant the authority to the staff of Pa Sports Camp to apply judgment in regards to medical assistance in the event of an accident, injury, or illness if they are unable to contact the parent or guardian. I authorize first aid, a medical treatment which may deem necessary. *Initial*

I declare and undertake that the camper has passed the necessary health checks and that there is no known health problem that prevents him/her from playing football as of the registration date.

I, the undersigned, release Pa Sports Camp and any of its coaches, staff, manager, and/or any parent for any responsibility in case of accident, illness, or injury during my child's enrollment. *Initial*

I grant Pa Sports Camp the right to photograph and/or video record of my child while football related activities during the Camp. I understand that these visual materials may be used for promotional, educational, or other purposes by the Camp, including but not limited to print, online, and social media platforms. *Initial*

I confirm that the information given in this form is true, complete and accurate. I have read, understand and agree to all statements on this form.

Date

Sign *Signature*