

**SERRA FOOTBALL MINI-CAMP WAIVER FORM**  
**Serra High School**

**Participant Information**

**Participant Name** \_\_\_\_\_

**Parent(s)/Guardian(s) Name** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Alt/Cell Phone** \_\_\_\_\_

**E-mail** \_\_\_\_\_

**Emergency Contact Name & Phone** \_\_\_\_\_

**Participant Waiver & Liability Agreement**

I understand that there are risks associated with playing all sports and field related activities. In consideration for the privilege to use the facility and/or attend the camp/clinic, my signature indicates that I assume the risk of any injuries that myself or my children/wards may sustain while participating in any activity at Serra High School and for any injuries which myself or my children/wards may sustain while on the premises of Serra High School. I insure that I am or my child is physically and mentally able to participate in physical activities and have been examined by a licensed medical physician within one (1) year prior to attending this clinic/camp.

I give permission for camp trainers and coaches or contracted health care to start preliminary treatment and arrange transportation for me or my child to a local Emergency Room in the event that I or my child become(s) ill or injured.

By signing this Waiver and Liability Agreement, I acknowledge that I HAVE READ AND FULLY UNDERSTAND AND AGREE TO ALL OF ITS TERMS AND CONDITIONS INCLUDING PERMISSION TO TREAT AGREEMENT. I further state that I have executed this waiver and liability voluntarily and with full knowledge of its significance to be binding on my, my heirs, executors, administrators and assigns.

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date