

# **ALBERT GALLATIN**

# **YOUTH FOOTBALL CAMP**

**WHEN: APRIL 26-28, 2022**

**TIME: 5:30 PM - 6:30 PM**

**WHERE: AGHS FOOTBALL FIELD**

**WHO: ANYONE IN GRADES 1ST - 7TH**

**COST: FREE**



Please join Coach Dindl and staff as they will provide coaching on fundamentals that will help develop your child in all phases of football. We look forward to seeing all future Colonials!! **Waivers must be completed by 5:00 PM on April 26th.**

# **WAIVER (FORM A)**

## **CAMPER AGREEMENT**

I affirm that my participation in the Albert Gallatin Youth Football Camp is entirely voluntary, and understand that participation in the Albert Gallatin Youth Football Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Albert Gallatin Youth Football Camp staff prior to signing this Form. I also understand that, despite safety precautions, the Albert Gallatin Youth Football Camp cannot guarantee that my I will not be injured. I agree to assume these risks.

I understand that the best way to make sure that my I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the Albert Gallatin Youth Football Camp. I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the Albert Gallatin Youth Football Camp.

## **PARENT/GUARDIAN AGREEMENT**

I agree to allow my child/ward to participate in the Albert Gallatin Youth Football Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Albert Gallatin Youth Football Camp (some of which are described above) which may cause serious injury or even death. I also understand that, despite safety precautions, the Albert Gallatin Youth Football Camp cannot guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Albert Gallatin Youth Football Camp.

## **ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE:**

In consideration for permitting me/my child/ward to participate in the Albert Gallatin Youth Football Camp, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following: **TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY**, including death that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Albert Gallatin Youth Football Camp.

## **TO RELEASE, WAIVE, REMISE, HOLD HARMLESS & DISCHARGE:**

The Albert Gallatin Youth Football Camp and its members, officers, principals, employees, agents, volunteers, coaches, staff, and any person or entity responsible for administering the Albert Gallatin Youth Football Camp, (hereinafter collectively referred to as "releasees") from any and all liability, claims, actions, demands, expenses, attorney's fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Albert Gallatin Youth Football Camp including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence or carelessness of the releasees.

I AGREE to hold harmless, defend and indemnify the Albert Gallatin High School District (AGSD), it's agents and representatives, against any and all claims relating to the use of the facilities herein and shall hold the AGSD harmless for any injuries or damage resulting there from.

**MEDICAL EVALUATION:** I understand that I must submit a completed Health Form. I understand that I should obtain health insurance coverage prior to participating in the Albert Gallatin Youth Football Camp. I further understand that I will be responsible for my medical expenses.

**PHOTO RELEASE:** I give permission for photographs taken of me/my child/ward while participating in the Albert Gallatin Youth Football Camp to be used in marketing/public relations material in the promotion of the Albert Gallatin Youth Football Camp.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

I have read and agree to all terms and conditions above.

---

Parent or Guardian Name (Print)

---

Parent or Guardian Signature

Date

# ALBERT GALLATIN YOUTH FOOTBALL CAMP FORM B

**(Please write clearly)**

Player's Name: \_\_\_\_\_

Player's Grade: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

*If parent/guardian not available, please provide an additional emergency contact below:*

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Health History (Please give any date or detail you believe would be helpful)

\*LEAVE blank if not applicable.

Ear Infection \_\_\_\_\_ Heart Defect/Disease \_\_\_\_\_ Hypertension \_\_\_\_\_ Rheumatic  
Fever \_\_\_\_\_ Bleeding/Clotting Disorder \_\_\_\_\_ Convulsions \_\_\_\_\_ Measles \_\_\_\_\_  
German Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Diabetes \_\_\_\_\_  
Asthma \_\_\_\_\_ Behavioral Disorder \_\_\_\_\_ Operation or Serious Injury  
\_\_\_\_\_ Chronic Illness \_\_\_\_\_  
OTHER \_\_\_\_\_

Please enter "yes" if ALLERGIES to the following. Leave blank if not applicable.

Poison Ivy \_\_\_\_\_ Insect Sting \_\_\_\_\_ Penicillin \_\_\_\_\_ Hay Fever \_\_\_\_\_ Latex \_\_\_\_\_  
Other (specify) \_\_\_\_\_

Any Specific activities to be restricted while participating in the Albert Gallatin Youth  
Football Camp?

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

**Important:**

Please notify the Albert Gallatin Youth Football Camp if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

This health form is correct to the best of my ability and my child/ward has permission to engage in all camp activities, except as noted herein by me. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Albert Gallatin Youth Football Camp and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery. I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the Albert Gallatin Youth Football Camp, as deemed necessary by the staff of the Albert Gallatin Youth Football Camp.

I realize injuries can be a consequence of participation in this activity and no amount of reasonable supervision or use of facility will prevent injury. I appreciate the character of the risk involved and I voluntarily assume (on behalf of my child) all risk of possible death, harm or injury. I understand and appreciate that such injury could also include, without limitation, serious or permanent injuries to all bodily organs and functions. I am aware of the risk of participation in this designated activity. I have carefully considered how the possible consequences of injury may impact my life (or my child's life), and I choose to accept the risk involved (and allow him/her, if minor child) to participate in the designated activity.

In accepting this risk, I expressly and explicitly release, discharge and waive any and all responsibility of Albert Gallatin Youth Football Camp and the employees, officials or agents of any and all of the foregoing, pursuant to, or pertaining or related to, arising from, in any manner, injuries to myself (my child/ward) as a result of my (his/her) participation in this activity.

By my signature below, I certify that I completely understand this document.

---

Signature of Parent or Guardian

Date

