

North Iowa Bucks Youth Football Camp

August 11th, 2018 Roosevelt Elementary School

9:00 a.m. till 11:30 a.m.

Registration form

Campers name _____

Address _____

Contact Phone Number _____

Pre registration \$15.00 _____

Late registration \$20.00 _____

In consideration of the inherent risk of injury while participating in the following activity or activities. Running, jumping, cutting, catching, falling down, and tackling or any activities involving football type activities. And as consideration for the right to participate in the above activities, I hereby, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims, or causes of action of any kind whatsoever that arises out of my son/daughter participation of the above listed activities. I do hereby release and forever discharge: North Iowa Bucks 712 15th st se. Mason City, Iowa 50401 and John Adams Middle School and the Mason City School District and their affiliates, managers, members, staff, volunteers for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that the child may suffer as a direct result of the participation in the above listed activities including traveling to and from event that is related to this activity or activities.

I hereby acknowledge that this activity may involve a test of a person's physical and mental limits and may carry with the potential of death, serious injury and property loss. The risks may include, but not limited to those that are caused by terrain, facilities, temperature, weather, lack of hydration, condition of participation, equipment, vehicular traffic and actions of others, including but not limited to the participants, volunteers, spectators, coaches, event officials and monitors, and or procedures of the event and or lack of hydration.

In the event that the participant should require medical attention or treatment. I hereby agree to financially responsible for any and all costs that are incurred as a result of such treatment. I am fully aware and understand that I should carry my own health insurance.

Parents signature _____

Date _____