

WAIVER OF LIABILITY

I hereby authorize any actions, which may be advised/recommended by a trainer, physician or other health care provider attending to my child during the camp. I acknowledge and understand that my child may sustain physical illness or injury (minimal, serious or catastrophic) in connection with this camp. I agree to indemnify and hold harmless Coach Abell Football Camp, LLC at Davidson College and Davidson College, its officers, employees and agents from and against any claims for personal illness or injury that my child may sustain during camp, regardless of cause, including negligence on the part of any person identified above. Scott Abell Football Camp, LLC and Davidson College will not use any pictures for promotional use. I understand that my child must abide by the camp/college rules and regulations and the code of conduct developed for this camp. And I further understand that my child's failure to adhere to the rules, regulations, and code of conduct may result in immediate dismissal from camp, with no refund, and I will be responsible for providing transportation home once I have been notified.

Parent/Guardian

Printed Name _____ **Date** _____

Parent/Guardian

Signature _____ **Date** _____

COVID-19 WAIVER

I understand that the novel coronavirus (COVID-19) presents inherent risks to my health and/or the health of my child, and regardless of the care exercised by Coach Abell Football Camp, LLC, those health risks cannot be eliminated. Further, I understand and acknowledge that by participating in the Coach Abell Football Camp, LLC, my child runs the risk of a communicable disease infection, including infection from COVID-19, that could cause serious illness or even death. Despite these risks, I choose to voluntarily allow my child to participate in this Coach Abell Football Camp, LLC. I voluntarily assume full responsibility for all of the risks associated with my child's participation in the Coach Abell Football Camp, LLC, including the possibility of COVID-19 community spread, infection, serious illness, and even death. I also agree to follow all safety protocols that the Coach Abell Football Camp, LLC imposes as a condition of enrolling my child.

Parent/Guardian

Printed Name _____ **Date** _____

Parent/Guardian

Signature _____ **Date** _____