

Waiver of Liability

I hereby authorize any actions, which may be advised/recommended by a trainer, physician or other health care provider attending 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 Davidson Football Camps 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. I also give Davidson College permission to utilize any photograph of my child for promotional use. I also 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 _____

Please make a copy of this form for your own records and bring the original to the first day of camp.