

ATHLETIC WAIVER AND RELEASE OF LIABILITY

In consideration of being allowed to participate in any way in **DABO SWINNEY FOOTBALL CAMP, LLC** athletics/sports program, and related events and activities, the undersigned:

1. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions, or negligence but the action, inaction, and negligence of others, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
2. By signing this waiver, the parent/legal guardian assumes the risk, and takes full responsibility and waives any and all claims of personal injury, permanent total disability or death.
3. Release, waive, discharge and covenant not to sue **Dabo Swinney Football Camp, LLC** its affiliated clubs, their respective administrators, directors, agents, and other employees of the organization, other members/participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors or premises used to conduct the event, all of which are hereinafter referred to as "releases," from any and all liability to each of the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of accidents, mishaps, or injury, including death and damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.
4. To the best of my knowledge, the below named minor does not have any physical limitations, medical ailments/ limitations, physical or mental disabilities that would limit or prevent him/her from participating in the **Dabo Swinney Football Camp, LLC**.
5. I hereby state that the **Dabo Swinney Football Camp, LLC** is not responsible for any pre-existing injury or reoccurrence of any undisclosed pre-existing injury or illness of the camper/participant prior to the first day he/she registers. I understand that the **Dabo Swinney Football Camp, LLC** will assume responsibility only for injuries incurred while he/she is participating in camp activities under supervision during enrolled camp period, up to the limits of the purchased camp insurance.
6. Agree that the parent(s) and/or legal guardian(s) will instruct the minor participant that prior to participating he or she should inspect the facilities and equipment to be used, and if the participant believes anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.

I HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY.

Name of Participant (print) _____

Name of Parent/Guardian (print) _____

Parent/Guardian Relationship (print) _____ Date _____

Signature of Parent/Guardian _____

Address of Member/Participant _____

Telephone Number of Parent or Guardian _____ () _____

Clemson University Parental Permission and Release of Liability Form

I, _____, am the parent and/or legal guardian of _____, a minor child under the age of 18 years. I would like to have my child participate in the following PROGRAM/ACTIVITY at Clemson University (UNIVERSITY): _____ which will take place on _____.

In consideration for my child being allowed to participate in this PROGRAM/ACTIVITY, I the undersigned, acknowledge, appreciate and agree that:

ACKNOWLEDGEMENT OF RISK

1. This Program/Activity affords my child the opportunity to participate in activities, including, but not limited to:

2. I am fully aware of the inherent risks involved with these activities, including but not limited to

3. I choose to voluntarily allow my child to participate in this Program/Activity. I voluntarily assume full responsibility for any risk of loss, property damage or personal injury, including death, which may be sustained by my child as a result of his/her participation.

4. I certify that I have adequate health insurance necessary to provide for and pay for any medical costs that may directly or indirectly result from my child's participation in this Program/Activity. I agree to pay for any medical costs that exceed the limits of my insurance coverage.

ACKNOWLEDGEMENT OF GOOD PHYSICAL CONDITION

I acknowledge that my child is in good physical condition and I do not know of any medical or physical conditions or other reasons that my child should not participate in the Program/Activity or which could interfere with my child's safety in such Program/Activity, or else I am willing to assume, and bear the cost of, all risks that may be created, directly or indirectly by any such condition. I understand that if good physical conditions require the management of a medical condition, my child must be able to self-manage and self-administer any required medications. My child's participation in any Program/Activity is purely voluntary, and I elect to have my child participate in spite of the risks and known or unknow dangers associated with this Program/Activity.

CONSENT TO PHOTOGRAPHY

I further herby authorize Clemson University to photograph and/or video record my child during the PROGRAM/ACTIVITY, and use or distribute any picture or video related to the PROGRAM/ACTIVITY that my child is depicted in. I also authorize use of these materials for publications in brochures, on websites, or other Clemson University promotional material. They may also be distributed to other

Program/Activity participants, including but not limited to a Program/Activity group pictures of all participants.

RELEASE AND WAIVER OF LIABILITY

I hereby release, waive, and discharge Clemson University and its Board of Trustees, its officers, agents, employees and representatives from all claims, demands, liabilities, rights and causes of action of whatever kind or nature, that may result from or occur during my child's participation in this PROGRAM/ACTIVITY, whether caused by negligence of the UNIVERSITY, its Board of Trustees, officers, agents, employees or representatives or otherwise. I also agree to indemnify and hold harmless the UNIVERSITY for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my or my child's negligent or intentional act or omission while participating in this PROGRAM/ACTIVITY.

I HAVE CAREFULLY READ THIS PERMISSION AND RELEASE OF LIABILITY AND HAVE HAD SUFFICIENT TIME TO SEEK EXPLANATION OF THE PROVISIONS CONTAINED ABOVE. AFTER CAREFUL CONSIDERATION, I SIGN THIS DOCUMENT VOLUNTARILY AND WITHOUT ANY INDUCEMENT.

Printed Participant Name

Printed Parent or Legal Guardian Name

Signature of Parent and/or Legal Guardian

Date