

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 _____ () _____