

I, the Parent/Guardian named herein, being 18 years of age or older and a parent or legal guardian of the participant named herein ("my child"), desire to allow my child to participate in the Turner Gill Football Camp ("Camp") provided by Turner Gill, LLC on Liberty University's campus. In consideration of my child being a participant in the Camp, I agree to assume all risks associated with my child's participation in the Camp, including, but not limited to, property loss and/or damage, personal injury, or death which may result in medical expenses; disability; lost wages; loss of services, protection, care and assistance; loss of earning capacity; sorrow; mental anguish; solace; funeral expenses; and/or property damage which may be incurred by me/my child as a result of my child engaging in Camp activities. I further agree to indemnify, defend, and hold harmless Turner Gill, Liberty University, its Board of Trustees, its Athletic Department, and Turner Gill, LLC (doing business as Turner Gill Football Camp), and any of their officers, employees, agents, coaches, athletic trainers, and instructors, and all participants in the sports camp activities from any losses, liabilities, injuries, damages, or costs, including court costs/expenses and reasonable attorneys fees, that may arise out of any property loss or damage, personal injury, or death mentioned above which may occur due to my child's participation in the Camp, whether caused by my child's negligence or intentional conduct, the negligence or intentional conduct of others, and/or by the negligence or intentional conduct of Turner Gill or Turner Gill, LLC (doing business as Turner Gill Football Camp). I agree, as a condition of my child's registration, to sign a "Turner Gill Football Camp Assumption of Risk Agreement" upon arrival at the Camp and to accept the terms thereof. I understand that I can request a copy of such agreement to review prior to the date of the Camp by emailing turnergillfootballcamp@yahoo.com. I understand that my child's registration is not considered complete until these forms are filled out in their entirety and signed in full.

Parent/Guardian Signature

Date

TURNER GILL FOOTBALL CAMP
ASSUMPTION OF RISK AGREEMENT

I, the Participant named below, being ___ years of age, and the Parent/Guardian named below, being 18 years of age or older and a parent or legal guardian of the participant named below ("my child"), desire to participate/allow my child to participate in the **TURNER GILL FOOTBALL CAMP** ("Camp") provided by Turner Gill, LLC on Liberty University's campus. In consideration of my/my child being a participant in the Camp, I agree to the terms below and hereby assume all risks associated with my/my child's participation in the Camp, including, but not limited to, those specifically identified in the following provisions.

Risks:

The Camp has certain inherent risks, which may cause property damage or loss, temporary or permanent bodily injury, sickness, disease, and death. Specific risks that may be involved in the Camp include, but are not limited to: unwanted contact with other participants and their playing equipment, equipment failure, fast-moving playing equipment (including things like balls), contact with the playing surface and surrounding elements, environmental conditions (including weather), slipping, tripping, falling, (including, for overnight stay, falling out of bunk beds) and my child's individual susceptibility to harm or injury (whether known or unknown to me or my child). The results arising from these and other inherent risks may include, but are not limited to, serious neck and spinal injuries, causing complete or partial paralysis and/or brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the musculoskeletal system, concussions, brain injury, sprains, and other serious injury or impairment to other aspects of the body, and general health and well-being. This Camp involves traveling. Specific risks involved with traveling include: getting lost or separated from the Camp group or supervisors, contraction of communicable diseases, accidents, collision with other vehicles, whiplash, fires, explosions, defects in the vehicle or its equipment, blown out tires, overturning, breakdowns, running out of fuel, delays and being stranded, hazardous weather conditions, natural disasters, political unrest, kidnapping, criminal activity, terrorist activity, and conditions of locations not under the control of Turner Gill, Turner Gill, LLC, or Liberty University.

Medical Fitness and Treatment Authorize:

I represent I/my child is in sufficiently good health to participate in this Camp and that I am/my child is free from any medical condition, physical or mental, that could interfere with my/my child's ability to participate in Camp activities or that could be worsened by participating in those activities or that could endanger my/my child's health or safety or the health or safety of other participants. In the event of an injury, illness, and/or accident involving me/my child, I hereby give my consent for medical treatment and permission to a certified athletic trainer and/or his designee to supervise on-site first aid, to the appropriate Camp personnel to properly transport me/my child to an appropriate medical facility for care, and to a licensed healthcare provider to hospitalize and secure proper treatment (including, but not limited to, injections, diagnosis procedures, anesthesia, surgery, and/or other reasonable and necessary procedures) for me/my child. Should I/my child require emergency medical treatment as a result of accident or illness arising during the Camp, I consent to such treatment. I assert that I have valid and current insurance to cover any injury or damage I/my child may cause or suffer while participating in the Camp, or I agree to personally bear the costs of such injury or damage. I hereby assume any and all costs related to such treatment and I authorize my health insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I acknowledge that neither Liberty University, Turner Gill, nor Turner Gill, LLC provide health or accident insurance.

Photography Consent:

I hereby grant Liberty University and Turner Gill, LLC consent to use any photograph/likeness or video of me/my child for marketing purposes.

Governing Law; Forum Selection:

This agreement shall be governed by Virginia law. Any legal action arising out of or relating to this agreement shall be brought in a state court sitting in Lynchburg, VA.

Having read the above statements regarding the risks involved with the Camp, I agree to the terms above and hereby assume the risks attendant to my participation in the Camp activities, including but not limited to the ones stated above.

Participant's Name: _____

Participant's Signature _____

Having read the above statements regarding the risks involved with the Camp, I agree to the terms above and I hereby assume the risks attendant to my child's participation in the Camp activities, intending to bind myself, my child, and my child's family, estate, heirs, administrators, personal representatives, and assigns.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____