



WAIVER OF LIABILITY



PLAYER/PARTICIPANT NAME: _____

By signing below: I am voluntarily allowing _____ (First and Last Name) to participate in the Kam River Fighting Walleye prospect camp with the knowledge of the possible dangers involved and agree to accept all risks of such participation. I understand and accept the risks of possible injury, permanent disability and/ or death inherent in participation of this sport.

I further acknowledge that I presently suffer from no medical or physical conditions which have not been disclosed in full to the Kam River Fighting Walleye and have filled the medical clearance form to the best of my knowledge and I am physically able to partake in the Kam River Fighting Walleye's prospect camp.

I also certify that the participant has permission to be transported by members of the program, and further permission is granted for the participant to receive emergency medical treatment, if required.

I grant permission to the Athletic Therapy staff to release my medical histories to the staff and medical personnel associated with the club and I also grant permission to the Athletic Therapy Staff to secure treatment and perform assessments for the participant for any injuries that may occur during the preseason prospect camp.

I agree to take full responsibility for any injuries, damages and/or losses, risks or death that may occur from the participation in the camp. I agree to indemnify and hold harmless the Kam River Fighting Walleye, its program, members, servants, agents and/or employees, including but not limited to the Athletic Therapy staff, for any injuries, damages and/or losses, risks or death that may occur from the participation in the camp.

If the participant is under the age of 18 years of age and I am the parent or legal guardian of the participant. I confirm I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up any legal rights and remedies. I represent that I am the parent/legal guardian of the athlete named above and agree that the terms of this release are binding on me and the participant.

IF the participant is over the age of 18 years of age and I am the participant. I confirm I am of legal age and am freely signing this agreement. I had read this form and understand that by signing this form, I am giving up any legal rights and remedies. I represent that I am the athlete named above, and agree that the terms of this release are binding on me, as the participant.

Athlete Signature: _____ Print Name: _____

Date: _____ Verified/Witnessed by: _____

Liability Clause I/We the Parent(s)/Legal Guardian(s) of the participant named above in the Kam River Fighting Walleye's prospect camp hereby give my/our authority and approval to his/her participation in any and all activities during the preseason prospect camp.

Parent Signature: _____ Print Name: _____

Date: _____