

WAIVER OF LIABILITY

I hereby authorize any actions, which may be advised/recommended by a trainer, physician or other health care provider attending to 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 Coach Abell Football Camp, LLC at Davidson College 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. Scott Abell Football Camp, LLC and Davidson College will not use any pictures for promotional use. I 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** _____