

Camp Session: _____

PARENTAL CONSENT: Before medical operations and procedures can be performed on minors, the law requires parental permission. As parent or guardian you are asked to sign the following consent form that will allow medical procedures to be carried out promptly and without unnecessary delay. Except in emergencies, no medical operations will be performed without the parent or guardian being contacted and informed of the situation. I understand that Oakland High School does not provide any medical, accident or other insurance for the protection of my child/dependent.

As the minor's parent or guardian, I have actual knowledge and appreciate that there are risks of bodily injury, such as cuts, sprains, concussions, and broken bones from one's participation in football camp activities, and hereby voluntarily consent to the minor's participation in football camp activities and assume all risks of possible injury.

Signature _____ Relationship _____

RELEASE & WAIVERS OF CLAIMS: In consideration of my child/dependent being permitted to attend and participate in football camp activities, I, for myself, my child/dependent, my heirs, and personal representatives, do hereby waive, release, and discharge forever any and all claims for damages for bodily injury or death or damage or loss of property, that I or my child/dependent may have or that may occur subsequent to me or to my child/dependent against the camp operators, its officers, employees, agents, volunteers, representatives; and in consideration of the camp being offered at its premises, and Oakland High School and its trustees, officers, employees, and agents arising from or attributable to my child/dependent's attendance at and participation in football camp activities. Further, I hereby give to Oakland High School and its agents and representatives permission and a release to use as necessary my child's/dependent's name and photograph to promote and advertise the football camp for a period of two years after the date of this release. I have read, or have had read to me, this release and waiver of claims statement and understand and voluntarily agree to its provisions.

Camper's Name (print) _____

Signature of Parent/Guardian _____ Date _____

Telephone Number _____

MEDICAL STATEMENT & QUALIFICATION: Participation in the Oakland High School Football Camp involves activities that requires my child/dependent to be in good health and not be under any physician-directed limitations or restrictions that would suggest participation in the camp would place my child/dependent at risk of injury, aggravation of an existing condition or result in a compromising health condition. Although the camp is a non-contact, I understand and acknowledge the camp activities will place a physical demand on my/our child/dependent that involves risks, which may include, but are not limited to injury and health risks such as falls, collisions, cuts, bruises, sprains/strains, broken bones, cardiovascular events, neck/spinal injuries, heart attacks, and other risks inherent in any strenuous athletic activities; outdoor risks such as weather, lightning, heat or cold, bites, stings, allergic reactions, dehydration, drowning, sunburn, and animals; risks from others involved in the camp such as transmitted illnesses or others' actions; and other risks beyond the control of the Oakland High School Football Camp. Should my child/dependent have any physician-directed restrictions, limitations and/or require an accommodation, I describe the health/medical condition and/or restrictions/limitations as follows and understand this may preclude my child/dependent from participating in the camp:

Signature of Parent/Guardian _____ Date _____