TWELVE BRIDGES HIGH SCHOOL FOOTBALL CAMP

RELEASE OF LIABILITY, ASSUMPTION OF RISK, AND MEDICAL AUTHORIZATION

This Release of Liability and Assumption of Risk Agreement is entered into by the parent/legal guardian of the participant identified below for participation in the Twelve Bridges High School (TBHS) Football Camp, attended by members of the Twelve Bridges Jr. Rhinos Football Program and community members.

PARTICIPANT INFORMATION

Participant Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Phone Number: _____

Emergency Contact Name & Phone: _____

ACKNOWLEDGMENT OF RISKS

I understand and acknowledge that participation in football activities, drills, conditioning, competitions, and related camp activities involves inherent risks, including but not limited to:

- Physical injury
- Sprains, fractures, or dislocations
- Head injuries, including concussion
- Heat exhaustion or dehydration
- Serious bodily injury
- Permanent disability
- Death

I, _____, voluntarily allow my child,

_____to participate in the TBHS Camp with full knowledge of the risks involved.

ASSUMPTION OF RISK

I knowingly and voluntarily assume all risks, both known and unknown, related to my child's participation in the TBHS Football Camp, including risks arising from negligence of released parties, except in cases of gross negligence or willful misconduct.

RELEASE AND WAIVER OF LIABILITY

In consideration for being allowed to participate in the TBHS Football Camp, I, on behalf of myself, my child, and our heirs, executors, administrators, and assigns, hereby release, waive, discharge, and hold harmless:

- Twelve Bridges Jr. Rhinos Football and Cheer, INC.
- Twelve Bridges High School
- Western Placer Unified School District
- Coaches, volunteers, board members, trainers, officials, and representatives associated with the TBHS Football Camp

from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, injury, illness, or death that may be sustained by my child during participation in the TBHS Football Camp or while traveling to or from TBHS Football Camp activities.

MEDICAL AUTHORIZATION

I certify that my child is physically able to participate in football-related activities.

In the event of injury or medical emergency, I authorize TBHS Football Camp staff, coaches, and board members to obtain medical treatment deemed necessary for my child.

I understand that I am financially responsible for any medical treatment provided.

Medical Conditions/Allergies (if any):

Current Medications (if any):

PHOTO AND MEDIA RELEASE

I grant permission for photographs and/or video recordings of my child taken during TBHS Football Camp activities to be used by Twelve Bridges High School and/or Twelve Bridges Jr. Rhinos for promotional, educational, website, and social media purposes without compensation.

Initial One:

- _____ YES
- _____ NO

CODE OF CONDUCT ACKNOWLEDGMENT

I understand that participants and parents are expected to demonstrate good sportsmanship, respect, and appropriate behavior at all times and to all players, parents, coaches, volunteers, and board members. TBJR and TBHS Camp staff reserve the right to remove any participant for unsafe or inappropriate conduct without refund.

By signing below, I understand that if I fail to abide by the above Code of Conduct and I am registered with TBJR , I will be subject to disciplinary actions from TBJR, and possibly the SAC that may include, but is not limited to:

a. Practice or game suspension
b. Written documentation of incident kept on file with TBJR and or the SAC league
c. Removal from TBJR and or the SAC league and all SAC sanctioned events.

ACKNOWLEDGMENT AND SIGNATURE

I have carefully read this Release of Liability and fully understand its contents. I understand that I am giving up substantial legal rights by signing this document and sign it freely and voluntarily.

Parent/Guardian Signature

Signature: _____

Printed Name: _____

Date: _____

Participant Signature

Participant Signature: _____

Date: _____