

Parental Medical Permission Wavier

Applicant's Name _____, has my permission to participate in the 2017 **Eli Football Camp LLC** conditioning sessions. I/we understand what the aforementioned activity involves, and believe the aforementioned person is in proper physical condition to participate. I/we assume all risks and hazards incidental to the conduct of the aforementioned activity. I/we do further release and forever discharge **Eli Football Camp LLC** and their staff members from and against all claims, demands, and actions or cause of actions. In the event of an emergency requiring medical attention beyond first aid, I/we hereby grant permission to a physician or hospital personnel designated by **Eli Football Camp LLC** and staff to provide medical emergency attention to the aforementioned person including hospitalization. Any expense from injury or illness is the responsibility of the parental insurance company.

Date _____ Name (Parent/Guardian) _____

Signature (Parent/Guardian) _____