

**WAIVER/RELEASE FORM**  
**Presented by: STOVALL ATHLETICS**

**I. PARENTAL CONSENT**

I, the parent or legal guardian of (child's name) \_\_\_\_\_, a participant in Stovall Athletics Camp, does hereby grant permission for his/her participation in any and all conditioning camp activities.

**II. PHOTO RELEASE**

I give permission for photographs taken of my child/ward while participating in the Stovall Athletics Camp to be used in marketing/public relations material in the promotion of Stovall Athletics.

**III. RELEASE FROM LIABILITY**

I agree to assume all risks and hazards incidental to participation in a sports/conditioning camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Stovall Athletics, Tyler Stovall, featured guest athletes, the athletic trainers, the officers, directors, squad coaches, sponsors, volunteers, individual chapters, participants, and persons transporting my child to and from any team activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause. The undersigned agrees that any independent traveling on weekends and holidays during the period covered by the program and after the conclusion of the program will be at the expense of the undersigned. The undersigned understands that Stovall Athletics is not responsible for any injury or loss whatever suffered by me during periods of independent travel (which I understand are unsupervised) or during any absence from university sponsored activities.

**IV. MEDICAL RELEASE**

Because your child is involved in an active sports/conditioning camp, there may be an occasion when an injury occurs that requires medical treatment and we are unable to contact you. This situation may occur before, during or after our sports/conditioning camp while at our site. The undersigned understands and agrees that Stovall Athletics is not responsible for medical expenses if the undersigned requires medical treatment during the undersigned's participation in the above described special activity. If the undersigned is physically incapacitated for medical reasons, the undersigned agrees that Stovall Athletics, or its representatives, may make reasonable arrangements for the medical care of the undersigned in emergency circumstances and any such medical expenses are the responsibility of the undersigned.

**I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, AND AGREED TO THIS DOCUMENT**

PRINT Parent/Guardian name:

SIGN Parent/Guardian name:

Date:

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