

In consideration of being permitted to participate in the Augustana Football Camp the registrant listed within hereby assumes the risks of personal injury that may result from program activities.

I am knowledgeable about the sport of football and am aware of the potential for injury while participating. I release Augustana College and all employees of the football camp from all liability for personal injuries or property damage that results from causes beyond the control of, and without the fault or negligence of Augustana College its employees and officers.

I certify that the registrant listed has my permission to participate in the Augustana Football Camp with my full knowledge that he is covered by the personal or family medical insurance plan identified in this form.

In case of injury or emergency incurred at the camp, I also grant officials of the Augustana Football Camp permission to act for me according to their best judgment in any emergency requiring medical attention and hereby waive and release the Augustana Football Camp, Augustana College, and other staff members from any liability for injuries while at camp.

In addition, I certify the camp participant is not ingesting any sports performance supplements.

I understand the camp fee is non-refundable unless the camp is cancelled.