

**PARENTAL CONSENT AND WAIVER OF RESPONSIBILITY**

In consideration of Corey Clement Football Camp acceptance of

\_\_\_\_\_ as a camper in Sports camp for the period in the dates mentioned above. It is agreed that all risks attendant to watching and/or participating in camp activities including, but not limited to bodily injury, are assumed by the student and his parents and/or legal guardian and that this assumption is acknowledged, approved, and agreed to by said camper and his parents and/or legal guardians as indicated by their signature hereto. Sports Camp insurance will be financially responsible for injuries/accidents occurring during camp, only as secondary coverage after the parent's/guardian's insurance has paid.

I hereby grant permission for physicians, dentists, other licensed health care providers and their designees to administer outpatient medical, surgical, or dental services as appropriate, or necessary antigens or other injections, to perform emergency procedures as necessary or to refer to duly licensed medical personnel when indicated.

\_\_\_\_\_  
Parent or Legal Guardian Signature

Date