

# MWR Youth Football ProCamp featuring Steve Smith Sr.

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CAMPER'S NAME (First & Last)		GENDER	
BIRTHDAY (DAY/MONTH/YEAR)		CAMPER MEDICAL HISTORY (Allergies, Injuries, Etc.)	
PARENT/GUARDIAN NAME (First & Last)		PARENT/GUARDIAN EMAIL ADDRESS	
PARENT/GUARDIAN PHONE 1	PARENT/GUARDIAN PHONE 2	CELL PHONE PROVIDER	
ADDRESS	CITY	STATE	ZIP

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HOW DID YOU HEAR ABOUT CAMP?

## Release Authorization

### Liability Release and Waiver

For good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the undersigned, as parent or legal guardian of the Camper identified above (the "Camper"), hereby grants the permission necessary to allow the Camper to participate in the Steve Smith Sr Football ProCamp ("Camp"). The undersigned, in my own behalf and on behalf of the Camper: (a) expressly and voluntarily assumes all risk of illness and injury sustained by the Camper while participating at the Camp; (b) agrees, to the fullest extent under law, to release and discharge and to hold harmless the United States of America, the United States Navy, Navy MWR, Camp, ProCamps, Inc., the volunteers, the coaches, the sponsors, the promoters, the Camp site location on whose premises the Camp will occur, and each of their respective affiliates, directors, officers, shareholders, members, representatives, agents, and employees (collectively "Releasees") from any and all liability, whether caused by the negligence of the Releasees or otherwise for any claim, judgment, loss, liability, cost and expenses (including, without limitation, attorneys' fees) arising of or connected with the Camp, including any claim arising out of or connected with any illness or injury that the Camper may incur or sustain during the Camp and all activities associated with the Camp; and (c) agrees, to the fullest extent under law, to indemnify and hold harmless Releasees and Releasees' successors and assigns against loss from any claims, demands, damages, or actions that may be brought by the undersigned or the Camper or by any other persons on account of damages of any character resulting to the Camper in any way from the foregoing activities.

In doing so, Camp provides full disclosure of the inherent risks associated with participating in the Camp in accordance with Hawaii Revised Statutes sec. 663-1.54, to wit participation in the Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Camp prior to signing this Form. I also understand that, despite safety precautions, neither the Camp nor the United States Navy nor Navy MWR can guarantee that I will not be injured. I agree to assume these risks.

I understand that the best way to make sure that I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the Camp.

I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the Camp.

### Appearance Agreement

The undersigned understands that ProCamps, Inc., its sponsors, representatives, agents, and employees, from time to time produce promotional material relating to the Camp. I understand that as a participant in and/or spectator at the Camp, the Camper may be included in videotapes, photographs, DVD's, podcasts, audio recordings, and the like taken during the Camp. Without reservation or limitation, the undersigned, on my own behalf and on behalf of the Camper, hereby assign, transfer, and grant to ProCamps, Inc., and its successors, assigns, licensees, sponsors, television networks, radio stations, and all other commercial exhibitors, the exclusive right to photograph and/or video or record the Camper and to utilize the Camper's name, face, likeness, voice and appearance in advertising and promoting ProCamps, Inc., and/or the Camp.

### Medical Release

The undersigned warrants that: (a) the Camper is physically fit to participate in the Camp; and (b) the undersigned will not allow the Camper to participate in the Camp if the undersigned has any concerns about the Camper's overall health, fitness, or medical condition. In the event the Camper suffers an illness or injury during the Camp, the undersigned authorizes any Camp representative to obtain necessary medical treatment for the Camper and hereby, in my own behalf and on behalf of the Camper, release and hold harmless the Releasees in the exercise of this authority. The undersigned further acknowledges and understands that the undersigned will be responsible for any and all medical and related bills that may be incurred for any illness or injury.

The undersigned, in my own behalf and on behalf of the Camper, warrant that: (a) I have read this Registration Form in its entirety and full understand its contents; (b) I am aware that this Registration Form releases the Releasees from liability and I am giving up my right and the Camper's right to bring a legal action against the Releasees; (c) I am aware that this Registration Form contains an acknowledgement of my voluntary and knowing assumption of the risk of injury or illness; and (d) I have signed this document voluntarily and of my own free will. This document is governed by and shall be construed under the laws of the State of Ohio, except that as to Releasees United States of America, the United States Navy, and Navy MWR, it is governed and shall be construed under the laws of the United States of America.

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Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

## Insurance Information

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Health Insurance Provider	Policy #
Name of Insured	Relationship to Camper

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Address of Insured (If different than above)

## Emergency Contact Information

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Emergency Contact Name Relationship (If different than above)

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Phone Number (during camp dates)	Additional Number
Preferred Doctor	Doctor Phone
Preferred Hospital	Hospital Phone