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2015 Vermont All-Star Football Camps

PARENTAL RELEASE FORM & WAIVER OF LIABILITY

My SON / DAUGHTER (circle one),

(Name of Child)

has had a physical exam within the last two years and is physically fit to participate in the

Check below the name of camp(s), clinic(s) and/or combine(s) your child is attending

- SOUTHERN VERMONT ALL-STAR FOOTBALL CAMP, July 13-17, 2015
 So. VT QB/Rec Clinic, July 12, 2015 So. VT Combine, July 16, 2015
- NORTHERN VERMONT ALL-STAR FOOTBALL CAMP, July 27-July31,2015
 No. VT QB/Rec Clinic, July 26, 2015 No. VT Combine, July 30, 2015

I authorize the event athletic trainer to act on my behalf according to his/her best judgement (including immediate medical attention and/or transportation to an area medical facility) in the event of any emergency and I cannot be contacted. I also authorize area hospital medical personnel to act on my behalf in the event of any emergency requiring transport to a medical facility and I cannot be contacted. Furthermore, I understand that participation in the sport of football carries inherent risk of physical injury. I furthermore agree to absolve Vermont All-Star Football Camps, their employees & independent contractors, the High School or College upon whose property the event(s) is/are held of any liability resulting from injury, catastrophe, death or other distress incurred while participating in the chosen event(s).

SIGNATURE OF PARENT OR GUARDIAN

DATE