

**Waiver & Release:**

I am aware of the dangers involved in participation in the physical activities of the Grand View Football Camp and all activities related to the camp; these activities include, without limitation, practices and events. I am aware that the Grand View Football Camp involves competition with and against other camp participants and that such participation may involve physical contact. With regard to such physical activity, I am aware that there is inherent danger and risk of injury. I also am aware that many of these injuries may be serious and may include, without limitation, damages to joints, ligaments, muscles, bones, neck, spine, and other parts of the body. Further, I am aware that activities related to the camp will involve the use of certain equipment. I am aware that such equipment in no way guarantees my safety from injury. Additionally, said equipment must be used in a proper manner; therefore, I will follow any and all instructions related to the use of equipment including those instructions provided by the manufacturer, equipment personnel, and coaches. My participation in the above events and in all activities related to the above events is a voluntary act with full and complete knowledge of the risks involved. I hereby voluntarily assume all such risks associated with my participation in the above events. Additionally, I agree to exonerate, save, indemnify, and hold harmless the Grand View Football Camp, Grand View University, Des Moines Public School System, their officers, agents, employees, and volunteers – including without limitation, equipment personnel, and physicians and other practitioners of the healing arts – from any and all liability, claims, causes of action, or demands of any kind and nature whatsoever, including without limitation personal injury which may arise from or in connection with my participation in any activities related to the camp. The terms hereof shall serve as a release and assumption of risk for me, my parents or guardian, my heirs, estate, executor, administrator, assignees, and all members of my family. I have read and understand this acknowledgment and release and execute it as a free and voluntary act. Further, this acknowledgment and release is contractual and not a mere recital.

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Camper Signature                      Date                      Parent/Guardian Signature                      Date

**Health Statement/Medical Authorization**

I do hereby state that the camper is in good health and suffers from no illness, disability or health condition **that could unduly hinder or prevent camper's safe participation in the Grand View Football Camp.** Furthermore, I have no knowledge of any reason that the camper cannot participate in vigorous activity. I hereby authorize and give my consent as camper's legal guardian to Grand View Football Camp or any licensed physician or athletic trainer to perform or administer, without prior consent, any reasonable, necessary medical treatment to: \_\_\_\_\_ [Camper's Name]\_\_\_\_\_. I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with the camper's attendance at the Grand View Football Camp.

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Signature of Parent(s) or Legal Guardian                      Date

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Health Insurance Company                      Policy Number

Document comparison by Workshare Professional on Thursday, March 11, 2010  
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