

**LITTLE POINTER FOOTBALL
CLINIC:**

WAIVER

Participant(s)
Name(s): _____

I voluntarily agree to participate or for my children to participate in this program. The undersigned is (are) aware that participating in these activities involves risk of injury to the above-named student. The undersigned hereby agrees to assume any and all liability and agree to hold harmless and indemnify the San Diego Unified School District, Point Loma High School and all of their employees, officers, directors, agents, volunteers or affiliated entities from any and all claims, damages, injuries, accidents or incidents which may arise or occur with respect to the above named student during the course of the activity.

I (We) hereby warrant and represent that the above-named student is physically fit and capable of taking part in such activity. I (We) make this warranty and representation on the basis of advice given me (us) by a duly licensed medical doctor, and I (we) know of no change in his medical condition since receiving such advice that would affect the opinion of said medical doctor.

I (We) further agree that the above-named student will abide by the rules and regulations governing the above described activity and to obey any instructions given by the person or persons having supervision and control over the activity.

I (We) authorize the making of photographs, motion picture, video tapes, recordings, or other use thereof. I (We) hereby waive any right to compensation therefore or any right that I (we) otherwise might have to limit or control such making or use.

Should it be necessary for the above named student to receive medical treatment while participating in this activity, I hereby give the school personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the school to render medical treatment deemed necessary by the physician. I understand that any insurance benefits that are effective have limited application.

(Parent Signature) (Date)

(Parent Signature) (Date)

(Phone number during camp hours)



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FOOTBALL CLINIC
SUMMER 2013**