

RELEASE FORM for Erik Kramer Passing Camp

My son has permission to participate in the Erik Kramer Passing Camp. I certify that within the past year, he has had a physical examination and that now, he is physically able to participate in normal football activities without restriction. In the event of an illness or injury, I give my permission to the attending physician to hospitalize and or secure proper treatment. I will be responsible for any medical charges in such an event.

I acknowledge that at the Erik Kramer Passing Camp my son will participate in activities that may involve, among other things, physical contact of the body with other persons or objects, including the ground, and that my son may incur a risk of injury. I specifically waive, give up and release Erik Kramer Passing Camp and staff from liability for any claim for damages which I or my son may have for injuries or illness that he may sustain while participating at the Erik Kramer Passing Camp.

The undersigned also agrees that pictures or video taken may be used for future promotional purposes associated with the Erik Kramer Passing Camp.

Name of participant: _____

Date: _____

Parent Signature: _____