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## 2019 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 8-12, 2019

So. VT QB/Rec Clinic, July 7, 2019     So. VT Combine, July 11, 2019

NORTHERN VERMONT ALL-STAR FOOTBALL CAMP, July 15-19, 2019

No. VT QB/Rec Clinic, July 14, 2019     No. VT Combine, July 18, 2019

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