

Release of Liability

In consideration of the NEO football team camp and granting the camper permission to participate, I hereby state that the NEO football team camp and the individuals representing the NEO football team camp ARE not responsible for any preexisting injury or recurrence of any undisclosed preexisting injury or illness of the listed camper. I further acknowledge and release the Oklahoma state board of regents, northeastern Oklahoma A&M college, the NEO football team camp and its officers, employees, contractors, agents, all instructors and all participants in said football camp from all liability including claims and suits at law or equity, for injury which may result from the camper taking part in the NEO football team camp. _____ *(initials)*

I, as a parent or legal guardian, acknowledge and fully understand that the participant will be engaging in activities that involve risk of serious injury AND that there may be other risks not known to or not reasonably seen at this time. I assume all the foregoing risks and accept personal responsibility for ANY damages following such injury, permanent disability or death. I hereby consent to said minors participation and assume all the risks of his personal injury that may result from the football camp activity. _____ *(initials)*

I release, waive, discharge, and covenant not to bring legal action upon the Oklahoma state board of regents, northeastern Oklahoma A&M college, the NEO football team camp, ITS officers, employees, contractors, agents, all instructors, all participants and anyone associated with its operation.

Signature of parent or legal guardian

Date

Medical release and insurance verification

Campers Name: _____

I request and give permission to the NEO A&M training staff and medical staff at Integris Baptist Regional Health Center to treat the above named camp participant appropriately, including hospitalization, prescribing medication and performing emergency surgical procedures.
_____ *(initials)*

I authorize release of any medical information to the NEO A&M training staff and the Integris Baptist Regional Health Center that may be pertinent to any diagnosis or treatment of the above named camp participant. _____ *(initials)*

I understand that any charges resulting from this medical treatment will be billed to me at my address above or to my medical insurance. I also understand that AS parent or legal guardian I AM also responsible for any deductibles associated with the primary or the secondary coverage.
_____ *(initials)*

Medical insurance company: _____

Policy number: _____

Signature of parent or legal guardian

Date