

JOEL KLATT FOOTBALL SCHOOL, LLC
PERMISSION TO PARTICIPATE, AUTHORIZATION FOR TREATMENT AND
RELEASE AND LIABILITY WAIVER

Please read this document carefully as it affects your legal rights.

Participant's Name _____ Dates of Football School _____

Participant's Age _____ Date of birth _____ Gender _____ Grade _____

First Parent's Name _____

Parent's Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Second Parent's Name _____

Parent's Address _____ City _____ State ____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____

Alternate Emergency Contact _____

Home Phone _____ Work Phone _____ Cell Phone _____

Address _____ City _____ State ____ Zip _____

1. The Participant, and his/her parents and relatives agree to abide by the rules and regulations set by the School for health, safety and welfare of the Participants. All Participant forms are due one week prior to your child's first day of School. If enrolling within one week of the first day of School all forms are due before School begins.
2. The School reserves the right to dismiss a Participant whose conduct or influence is unsatisfactory, or, is in the opinion of the School, not in the best interest of the School without a refund of any part of the School fee.
3. The School is not responsible for lost or damaged clothing or personal belongings.
4. Joel Klatt Football School, LLC will be taking photographs and video of the School and School activities which may be used for marketing and promotional purposes. Your child may appear in one or more of these photographs or videos. By signing below, you agree to allow Joel Klatt Football School, LLC to use the image, likeness and/or voice of your child, contained within any photograph or video taken during School activities, for marketing and promoting the Joel Klatt Football School, LLC. The images and/or voice may be used on any media including print, DVD, CD, TV, internet, or radio.
5. I know the risks and dangers of participating in a "no contact" football camp. Even with proper supervision, safety equipment and following all School rules, risks cannot be

completely avoided. Risks include serious physical injury (or death) from falling; contact with participants, spectators, or equipment; abrasions, cuts, bruises, sprains, strains, broken bones, concussions, dehydration, and/or fatigue.

6. Please list below any medical conditions, allergies, physical limitations and/or special needs that you believe we should know about your child: _____

I affirm that I have fully described all known medical conditions, allergies, physical limitations and/or special needs of my child.

7. I _____ am the (parent/guardian), of _____ (Participant). As lawful consideration of my minor child being permitted to be a participant in the Joel Klatt Football School, I agree that neither my minor child nor I will make a claim against, sue, demand, or assign a claim against Joel Klatt Football School, LLC, its officers, directors, members, representatives, agents, coaches, employees, independent contractors, volunteers, vendors, sponsors, subsidiaries, affiliates, and/or insurance carriers, for any damage, loss, cost, medical expenses, illness, or injury (or death) resulting from Participant's attendance at Joel Klatt Football School.
8. I know that Joel Klatt Football School, LLC does NOT provide medical insurance and I am responsible for all medical expenses resulting from my child's participation in the Joel Klatt Football School. In the event that I cannot be reached in a medical emergency, I hereby grant permission to the School's staff to act on my behalf in case of a medical emergency and to arrange for transportation, if necessary, to the nearest medical facility.
9. In case of an emergency, School Staff will attempt to contact parents or emergency contacts. If I cannot be reached in an emergency, I give permission for my child to be driven by School staff, or to be transported by ambulance to the nearest clinic or hospital and authorize emergency medical treatment deemed necessary by medical staff.
10. This Release shall be binding upon my heirs, next of kin, executors, administrators, successors and assigns in the event of a personal injury of the Participant, including death, illness, injury, and/or property damage. This Release shall be binding to the fullest extent permitted by law. If any part of this Release is found to be unenforceable, the remaining terms shall be enforceable. Any claim arising from or related to the Participant's involvement in this School shall be interpretation and enforced according to Colorado law in the District Court of the County in which the School activity takes place. I have carefully read this Release and Liability Waiver and fully understand its contents.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____

(one parent's signature required, two preferred)