

WAIVER/RELEASE FORM FOR THE CHARLOTTE WILDCATS LLC AND WOODBURY HOA

FOOTBALL/CHEERLEADING CAMP/CLINIC

I. PARENTAL CONSENT

I the parent or legal guardian of _____ a participant in the Charlotte Wildcats Youth Football and Cheerleading Camp/Clinic, do hereby grant permission for his/her participation in any all camp/clinic activities. *Initials _____

II. RELEASE FROM LIABILITY

I agree to assume all risk and hazards incidental to participation in this camp/clinic. I hereby waive, release, absolve, indemnify, and agree to hold harmless, Managing Perspective, LLC, organizer of The Charlotte Wildcats Football and Cheerleading camp/clinic, its officers ,directors ,coaches, sponsors, volunteers, employees, participants, affiliates, and representatives, for any claim arising out of injury to my child, weather the result of negligence or any other cause

Furthermore, I waive release, remise, covenant not to sue, and fully discharge Charlotte Wildcats and Woodbury HOA, its officers, directors, coaches, sponsors, volunteers, employees, participants, affiliates, and representatives of any, liabilities, demands, actions, or rights of action, damages of any kind (Causes of Actions), whatsoever, related to or arising out, or in any way connected to participation in The Charlotte Wildcats Youth Football and Cheerleading camp/clinic, including those Causes of Action allegedly from, or in any way related to, the negligent acts or omissions of Charlotte Wildcats Organization, its officers, agents, and or employees.

I certify that the participant has no known medical problems that would increase the risk of illness, injury, and/or death, as a result of participation in The Charlotte Wildcats Youth Football and Cheerleading Camp/Clinic or any other activity facilitated and or designed by CWLLC. *Initials _____

III. MEDICAL RELEASE

Because my child is involved in an active training and conditioning camp/clinic, I understand that there may be an occasion when an injury occurs that requires medical treatment and representatives of Charlotte Wildcats Football Camp/Clinic are unable to contact me. This situation may occur before, or after the camp/clinic activities, while at the program site

PARTICIPANT _____, DATE OF BIRTH _____

PARENT OR GUARDIAN NAME _____

HOME ADDRESS _____ HOME TELEPHONE# _____

BUSINESS TELE# _____ CELL PHONE# _____

MEDICAL INSURANCE CARRIER: _____ POLICY# _____

If parent or legal guardian cannot be reached, an Emergency Contact to call:

Name: _____ Tele# _____ Relationship: _____

Please list any allergies and medical condition that should be brought to our attention. Include any medications(s) that your child uses regularly: _____

*Initials _____

I hereby grant permission to the organizers of the Charlotte Wildcats Football and Cheerleading Camp/Clinic to administer first aid, secure proper treatment, and/or hospitalize my (son, daughter, ward) in case of emergency, provide they are unable to communicate with me, and according to their best judgement. **SIGNATURE of Parent or Guardian** _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREE TO THIS DOCUMENT. I ALSO ACKNOWLEDGE WITH MY SIGNATURE THAT I HAVE RECEIVED A COPY OF THIS AGREEMENT.

X _____

SIGN Parent or Legal Guardian

X _____

PRINT Parent or Legal Guardian Name

X _____

Date Signed