

# Senior Combine/Fundamental Camp 09



Name: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

Offensive Position: \_\_\_\_\_

Defensive Position: \_\_\_\_\_

Emergency Contact Info: \_\_\_\_\_

\_\_\_\_\_

## Indemnity Release:

Please have each parent/guardian sign the following indemnity / waiver release:

In consideration of \_\_\_\_\_ in participation in this activity, I hereby release and discharge Tabor College, all its employees (football staff), and all other entities from any and all liability arising from incident, injury, and illness that may be suffered as a result of my child's participation in the Tabor College Fundamental camp held Saturday July 18, 2009. I hereby state that my child has had a physical in the last year and certify no conditions or illness was found that would prohibit his/her participation in this event.

Parents / Guardians Signature: \_\_\_\_\_ Date: \_\_\_\_\_