

PIONEERS



CONDITIONING CAMP ALL HIGH SCHOOL FOOTBALL PLAYERS

AUGUST 7-10 4:00-7:00pm

AT OREGON CITY HIGH SCHOOL

Cost: FREE

Player Name: _____ 17-'18
Grade _____

Parent Name: _____ Phone: _____

Parent Email: _____

Waiver of Liability

This agreement releases Oregon City High School from all liability relating to injuries that may occur during Spring Team Camp at Pioneer Memorial Stadium. By signing this agreement, I agree to hold Oregon City High School entirely free from any liability, including financial responsibility for injuries incurred, regardless of whether injuries are caused by negligence.

I also acknowledge the risks involved in Football. These include but are not limited to serious physical injury up to and including death. I swear that I am participating voluntarily, and that all risks have been made clear to me. Additionally, I do not have any conditions that will increase my likelihood of experiencing injuries while engaging in this activity.

By signing below, I forfeit all right to bring a suit against Oregon City High School for any reason. In return, I will receive safe and competent coaching from the Oregon City High School Football Staff. I will also make every effort to obey safety precautions as listed in writing and as explained to me verbally. I will ask for clarification when needed.

I, _____, fully understand and agree to the above terms.

(Participant)

Date