



Offensive Lineman S/T Camp

Waiver Release form

Participant's Name _____

Participant's Date of Birth _____

Approx Height and Weight _____

Primary Insurance Company _____

Policy Holder's Name _____

Policy Number _____

Primary Care Doctor's Name _____

Date of Last Tetanus Booster Shot _____

Any known injuries, illnesses or allergies _____

Parent/Guardian Statement:

I hereby give my child/the participant permission to attend the Jim McNally & Dave Hack Offensive Lineman Camp. I verify that to the best of my knowledge, my child is physically able to participate in activities of the camp. I hereby state that the Jim McNally & Dave Hack Offensive Lineman camp and any of its employees are not responsible for any pre-existing disorders, illness or injury of my child prior to the camp. If necessary, I give the camp trainer permission to treat my child. I waive and release all rights and claims for any and all damages against the Jim McNally and Dave Hack Offensive Lineman Skills and Technique Camp and its employee's. I hereby release and exonerate Jim McNally and Dave Hack Offensive Lineman Skills and Technique Camp and its employee's from any injuries incurred at the camp or to and from the camp.

Parent Signature _____ Date _____

