

## WAIVER FOR ATHLETIC FACILITY USE

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

The above named applicant is in good health and has my permission to participate in all activities of the Badin Strength and Conditioning Camp(s) I have registered my child for. I authorize all medical treatment as may be performed or prescribed by a treating physician for my child if I cannot be reached in the event medical care is deemed necessary. I also understand that neither Badin Camp directors nor anyone connected with any Badin Strength and Conditioning Camp will assume responsibility for accidents, medical, dental or other expenses incurred as a result of accidents sustained during, or as a result of, any course or instruction given the applicant by the Badin Strength and Conditioning Camp staff. I hereby release, discharge and indemnify Stephen T. Badin High School, its directors and employees, from and against any claims of whatever nature or on behalf of applicant as a result of applicant's participation in any Badin Strength and Conditioning Camp.

Parent or Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_