



**KAREEM JACKSON
FOUNDATION**

Camp Participant Waiver and Release Form

THIS IS A LEGAL AGREEMENT. UNDER THIS AGREEMENT, YOU ARE ASKED TO WAIVE (GIVE UP) CERTAIN RIGHTS YOU MAY HAVE. IF YOU SIGN THIS AGREEMENT YOU GIVE UP ALL OF THOSE RIGHTS. DO NOT SIGN THIS AGREEMENT UNLESS YOU HAVE READ IT AND UNDERSTAND IT.

GENERAL RELEASE & WAIVER

For good and valuable consideration, the sufficiency of which I hereby acknowledge, I, personally and on behalf of and as the parent and/or legal guardian of **(fill in participant name)** _____, and anyone acting on my behalf, including but not limited to attorneys, representatives, agents, heirs, executors, administrators, assigns, insurers, predecessors, successors or any other person or entity asserting claims through me, agree to release, indemnify, defend and hold harmless: The Kareem Jackson Foundation, Westside High School, Bibb County School District, Global Youth Sports Management, the A-List Network LLC and all of their respective directors, officers, shareholders, subsidiaries, partners, agents, sponsors, employees, successors, parents, beneficiaries, heirs, executors, administrators, assigns and affiliates thereof Kareem Jackson, personally and individually, (collectively, "Releasees"), from and against any and all claims, suits, losses, damages, expenses, costs, and liabilities (including reasonable attorneys' fees and expenses) which hereinafter may accrue or arise against the Releasees and which in any way arise out of or are in anyway related to (a) my child's participation in the Kareem Jackson Youth Football Camp ("the Camp") and/or (b) the use of my child's name, photograph, quotation, and likeness in any advertising or promotions which relate to the Camp.

PLEASE CHECK ALL THAT APPLY AND SIGN BELOW.

____ I, PERSONALLY AND ON BEHALF OF MY CHILD, UNDERSTAND THE DANGER OF PERSONAL INJURY OR DEATH THAT MAY RESULT FROM PLAYING FOOTBALL AND/OR PARTICIPATING IN THE CAMPS INCLUDING BUT NOT LIMITED TO FALLING, BEING STRUCK BY THE FOOTBALL OR ANOTHER INDIVIDUAL.

____ I, PERSONALLY AND ON BEHALF OF MY CHILD, ASSUME ANY AND ALL RISK THAT IS IN ANY WAY ASSOCIATED WITH, RELATED TO OR OCCURS AS A RESULT OF MY CHILD'S PARTICIPATION IN THE CAMPS.

____ I, PERSONALLY AND ON BEHALF OF MY CHILD, HEREBY GIVE RELEASEES, OR ANY ONE OF THEM, PERMISSION TO USE MY AND/OR MY CHILD'S NAME, PHOTOGRAPH, QUOTATIONS AND LIKENESS IN ANY ADVERTISEMENTS OR PROMOTIONS PERFORMED IN CONNECTION WITH THE CAMPS AND AGREE THAT NEITHER I NOR MY CHILD SHALL BE ENTITLED TO ANY COMPENSATION FOR SUCH USE.

Parent /Legal Guardian Signature _____ Date _____

Parent Printed Name _____ Relationship to Child _____

Email Address _____ Emergency Contact Number _____

Child T-Shirt Size _____ Child Age _____

Medical Condition (About the Camper): Health condition? Excellent Good Fair Poor

Please list any medical conditions: _____

Name of Medical Insurance Company: _____

Name on Policy: _____ Insurance/Policy# _____