

WAIVER AND RELEASE OF LIABILITY, AUTHORIZATION TO SECURE MEDICAL TREATMENT AND CONSENT AGREEMENT



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In consideration of being permitted to participate in LeVar Woods Football Academy and/or LeVar Woods Football Academy 7on7 Okoboji Shootout and/or Boji Big Man Challenge, the undersigned does hereby release LeVar Woods Football Academy, LLC, their officers, directors, employees, volunteers, its affiliated entities, successors, agents, heirs, assigns and insurers and all other persons, firms and corporations; the Bedell Family YMCA, their officers, directors, employees, volunteers, its affiliated entities, successors, agents, heirs, assigns and insurers and all other persons, firms and corporations; the Board of Regents, State of Iowa; and The University of Iowa, their officers, directors, employees, volunteers, its affiliated entities, successors, agents, heirs, assigns and insurers and all other persons, firms and corporations ("collectively the "Released Parties") from any and all liability or claims whatsoever, including claims for bodily injury, death or damage to property, demands, damages, actions, causes of actions, suits, lawsuits, judgments, obligations and any liabilities, costs and expenses (including but not limited to attorneys' fees and court costs) ("Claims") which we or either of us have, may have, or ever claim by reason of attending, participating in, or being transported to or from LeVar Woods Football Academy, Camp Foster YMCA, the Bedell Family YMCA and/or LeVar Woods Football Academy 7on7 Okoboji Shootout and/or Boji Big Man Challenge. To the fullest extent provided by law, the undersigned waives its right to assert any Claim against the Released Party. This waiver and release shall apply to those acts or omissions, negligent or willful misconduct caused by the Released Party, whether active or passive. The Released Party shall not be obligated for Claims found to be due to the ordinary negligence or willful misconduct of any Released Party. The undersigned acknowledges that we are executing this Release solely in reliance upon our own knowledge, belief, and judgment and not upon any representations made by any party released or others on their behalf.

I hereby authorize and give my consent to the staff of the Camp to act on my behalf to secure medical treatment for the administration of all emergency medical and/or emergency surgical treatment that may be necessary in connection with, including transportation to or from, the LeVar Woods Football Academy and/or LeVar Woods Football Academy 7on7 Okoboji Shootout and/or Boji Big Man Challenge, Bedell Family YMCA or Camp Foster YMCA. I understand that should an emergency medical problem arise, an attempt will be made to contact the undersigned. In the event that I cannot be reached, I hereby give consent to such treatment as deemed necessary by a licensed health care professional. I agree to assume all costs related to such treatment. I understand that I will be responsible for any medical or other charges in connection with attendance at this Camp. I authorize the disclosure of medical information to the insurance company listed below for the purpose of any claim. **(Each camper must provide his/her own health insurance.)**

I hereby give my consent to use the likeness and/or name/identity, as well as the use of any and all photographs, videos, audio or any other type of media taken of, produced and/or published of the above-named camper for purposes of promotional materials or any other type of media produced and/or published by LeVar Woods Football Academy, LLC to promote or publicize LeVar Woods Football Academy, LLC.

THIS DOCUMENT IS A RELEASE AND WAIVER AND BY SIGNING BELOW, THE PARTIES ACKNOWLEDGE THAT THEY HAVE READ AND FULLY UNDERSTAND THE LANGUAGE CONTAINED HEREIN.

X _____
Parent/Guardian Signature Date

Name _____
Parent/Guardian (print/type)

X _____
Camper Signature (if 18 years old) Date

TO PARTICIPATE IN CAMP ACTIVITIES, WE MUST HAVE THIS FORM PRIOR TO REGISTRATION.

Camper _____
(Please print full legal name)

Birth Date ___/___/___ M F

Session _____

Name _____
Parent/Guardian (print/type)

Address _____

City _____

State _____ ZIP _____

Emergency Contact _____

Emergency Phone _____

Relationship _____

Insurance Company _____

Policy Number _____

Policy Holder _____

Insurance Co. Phone _____

Please return to the following address:

LeVar Woods Football Academy
c/o Bedell Family YMCA
1900 41st Street