



Release and Medical Authorization
Saturday June 19, 2010

INDIVIDUAL WAIVER (To be completed by each participant on the team)

Participants Name _____

Father/Guardian Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Mother/Guardian Name _____

Cell Phone _____ Home Phone _____ Work Phone _____

Please use the following space to explain any special instruction/circumstances the camp medical staff should be aware of regarding the health of your child:

Release of Liability

In consideration of Arizona Football Coaches Association (AzFCA) at granting the above named participant to participate in the tournament, I hereby assume all risks of his/her personal injury that may result from any activity. As Parent/Guardian, I do indemnify defend and hold harmless, AzFCA, Glendale Community College, State of Arizona, and the tournament officers, employees, agents, instructors, and all participants in the tournament from and against all liability, including claims and suits at law or in equity, for injury fatal or otherwise, which may result from any negligence and/or the camper taking part in sport activities.

Physical Examination within one Year

I certify that within the past year my daughter/son has had a physical examination by a physician, and that she/he is physically able to participate in the tournament activities.

Consent for Treatment and/or First Aid

In the unlikely event of injury or illness, I hereby give my consent for medical treatment and permission to a certified athletic trainer to supervise on-site first aid for minor injuries, and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable treatment and necessary procedures) for the participant. EVERY ATTEMPT WILL BE MADE TO CONTACT YOU, THE PARENT/GUARDIAN, PRIOR TO ANY MEDICAL ATTENTION BEYOND FIRST AID, IS GIVEN.

Medical Insurance

I understand that the AzFCA requires all participants to be covered by an accident insurance policy and understand that the AzFCA will not be providing insurance for participants. I fully understand and accept all responsibility and absolve the AzFCA, Glendale Community College and all associated members of such responsibility. I hereby make know that I want my personal health and accident insurance to be to cover the named participant.

Date ____/____/____

Signature of Guardian/Participant
(Participant if 18 or older)