

MINI CAMP REGISTRATION

Each player must fill out registration and have permission slip/waiver signed by parents.

Name_____

Position_____

Mom_____

Dad_____

Address_____

City_____ State_____ Zip_____

Phone(_____)_____

Parent(s)/Guardian(s) cell numbers

Parent Consent/ Waiver of Liability

In consideration of my participation, I hereby forever release and covenant not-to-sue Augsburg College, the Augsburg College Board of Trustees, and any of their employees, instructors, volunteers, agents, and all others who are involved, from any and all present and future claims resulting from ordinary negligence on the part of the College or others listed for property damage, personal injury, or wrongful death, arising as a result of my engaging in the ***Augsburg College Football Camp*** activities or any activities incidental thereto, wherever, whenever, or however the same may occur. I hereby voluntarily waive any and all claims both present and future, resulting from ordinary negligence, that may be made by me, my family, estate, heirs, estate or assigns, and I relinquish on behalf of myself, spouse, heirs and assigns the right to recover for injury or death.

Special medical conditions or allergies (circle one): Y N

If yes, explain:

Parent(s)/Guardian(s) Name

Printed_____

Signed_____

Date_____

Mail to:

Football Office, Augsburg College
2211 Riverside Avenue, Mpls, MN 55454

