**Rudder High School**



2024 Incoming 7th thru 9th Grade Football Camp

Who: Students entering grades 7th thru 9th Grade

Where: Bryan Rudder High School

When: July 29th through August 2nd

5 Day Camp

Monday through Friday

Time: 6:30 PM to 8:30 PM

Clothes: T-Shirt, Shorts, and Cleats

Cost: $20, call (214) 729-0841 for more details and to reserve a spot.

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***WAIVER AND RELEASE OF LIABILITY***

As consideration for the right to participate in the Rudder Freshman Football Camp , I knowingly and voluntarily enter into this waiver and release of liability and do hereby RELEASE, WAIVE, DISCHARGE, and HOLD HARMLESS the Bryan Independent School District, its Board of Trustees, officers, servants, agents, employees and volunteers from any and all liability, damages, claims, demands, causes of action, injuries, property damage, expenses, and other harm whatsoever, arising out of or related to my participation in the S. I further acknowledge that the Bryan Independent School District reserves, and does not waive, its rights of sovereign immunity and similar rights and its rights under the Texas Tort Claims Act.

I am voluntarily participating in the aforementioned Event and I am participating in the Event entirely on my own risk. I am aware of the risks associated with my participation in the Event. I understand it is possible for injuries or outcomes to arise from my own or others’ negligence. Nonetheless, I assume all related risks, both known and unknown to me, of my participation in this Event.

I agree to hold harmless the Bryan Independent School District against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney’s fees and any related costs, if litigation arises pursuant to any claims made by me or by anyone acting on my behalf as result of my participation in the Event

I acknowledge that the Bryan Independent School District, its Board of Trustees, officers, servants, agents, employees and volunteers are not responsible for errors, omissions, acts or failures to acts of any other party or entity who participates in the Event

I acknowledge that I have carefully read this waiver and release and fully understand that it is a release of liability. I expressly agree to release and discharge the Bryan Independent School District, its Board of Trustees, officers, servants, agents, employees and volunteers from any and all claims or causes of action arising from my participation in the Event and I agree to voluntarily give up or waive any right that I otherwise have to bring legal action against the Bryan Independent School District for personal injury in connection with my participation in the Event.

To the extent that statute or case law does not prohibit releases for negligence, this release is also for negligence on the Bryan Independent School District, its Board of Trustees, officers, servants, agents, employees and volunteers.

In the event that I should require medical care or treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

In the event or an emergency, please contact the following person(s) in order presented:

**PARENT/GUARDIAN WAIVER FOR MINORS**

In the event that the participant is under the age of consent (18 years of age), then this release must be signed by a parent of guardian as follows:

I hereby certify that I am the parent of guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, named above and do hereby give my consent without reservation to the foregoing on behalf of this individual.

Parent/Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Registration Form

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Student’s Name (please print)

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Address City State Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone Parent’s Work Phone

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Emergency Contact Phone

T-Shirt Size