



**SPORTS CAMP RELEASE AND WAIVER OF LIABILITY**

**McKendree University Athletics Department**

I, \_\_\_\_\_ (Participant), hereby acknowledge that I have voluntarily elected to participate in the \_\_\_\_\_ (Event) to be held in and around the campus of McKendree University, from \_\_\_\_\_ (Date) to \_\_\_\_\_ (Date). In consideration for being permitted by McKendree University to participate in the Event or Activity, I hereby acknowledge and agree to the following. Voluntary Participation: I acknowledge that my participation is elective and voluntary and that my participation is not required by the university. Rules and Requirements: I acknowledge that the university has the right to terminate my participation in the Event/Activity if it is determined that my conduct is deemed contrary to established rules and detrimental to the best interests of the group or university. Release & Waiver of Liability: I, on behalf of myself, my personal representatives, heirs, executors, agents, and assigns, hereby RELEASE, WAIVE, DISCHARGE, AND CONVENANT NOT TO SUE the university, its governing board, directors, officers, employees, agents, volunteers, and any students (hereinafter referred to as "Releases") for any and all liability. I further agree that Releases are not in any way responsible for any injury or damages of any kind that I may sustain as a result of my participation. Personal Medical Considerations: I acknowledge that I am responsible for the cost of any and all medical and health services I may require as a result of participating in the Event/Activity. I further acknowledge and understand that Releases may not have medical personnel at the location of the Event/Activity. In the event of any medical emergency, I do \_\_\_\_\_ do not \_\_\_\_\_ (initial one) authorize medical care that university personnel deem necessary.

I HAVE READ THIS AGREEMENT AND FULLY UNDERSTAND ITS TERMS. BY MY SIGNATURE I REPRESENT THAT I AM AT LEAST EIGHTEEN YEARS OF AGE OR, IF NOT, THAT I HAVE SECURED BELOW THE SIGNATURE OF MY PARENT OR LEGAL GUARDIAN AS WELL AS MY OWN.

\_\_\_\_\_  
Signature of Participant Date

I certify that I have custody of Participant or am the legal guardian of Participant and that I have read this agreement and fully understand and agree to its terms.

\_\_\_\_\_  
Signature of Parent/Guardian Date



# McKendree University Bearcat Football Camps



## 2017 CAMP DATES

Under the Direction of Head Coach Mike Babcock

**AUGUST 4, 2017  
FRIDAY NIGHT LIGHTS  
YOUTH CAMP**



**BEARCAT FOOTBALL CAMP  
INFORMATION**

**McKENDREE UNIVERSITY FOOTBALL  
FOOTBALL CAMPS**

AGE: ENTERING GRADES K-8

Cost: \$20.00 per camper  
\$50.00 FAMILY (3 OR MORE CAMPERS)

Players will receive instruction in all position. OL, QB's, WR's, RB's, TE's, DL, DB's, & LB's. Campers will get the individual attention from McKendree Universities coaches and players. The emphasis of this camp is to promote fundamentals and HAVE FUN!!

**WHAT TO BRING**

Please make sure to bring the following items to camp:

- Football Cleats / Tennis Shoes
- Mouthpiece
- Shorts
- T-Shirts
- Socks

**CAMP CONTACT:  
COACH AARON WHITTINGTON  
818-209-1759  
AWHITT10@GMAIL.COM**

**BEARCAT FOOTBALL CAMP  
INFORMATION**

**McKENDREE UNIVERSITY FOOTBALL  
SKILL POSITION CAMP  
CAMP REGISTRATION FORM**

Please complete this form & send to:

**McKendree Football - Camps  
701 College Road  
Lebanon, Il 62254**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St. \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Email: \_\_\_\_\_

Grade Entering: \_\_\_\_\_

**In case of emergency please contact:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_