

**LIABILITY RELEASE**  
**SAN DIEGO STATE UNIVERSITY**  
**AZTEC FOOTBALL TECHNIQUE CAMP**

**IMPORTANT DOCUMENT – READ BEFORE SIGNING**  
**PARENT/GUARDIAN RELEASE OF LIABILITY AND INDEMNITY**  
**FOR MINOR CHILD'S PARTICIPATION IN PROGRAM**

In consideration of (PRINT NAME) \_\_\_\_\_,  
my minor child or legal ward (my "Child"), being allowed to participate in the  
San Diego State University Aztec Football Technique Camp, and related  
events and activities, the undersigned hereby acknowledges and agrees as  
follows:

1. The activities of this program may have significant risk of injury, including  
potential permanent paralysis and death. Rules, equipment and personal  
discipline are designed to reduce the risk. However, there is always a risk of  
serious injury.

2. I will instruct my Child to comply with the rules governing participation in  
this program. If I have any concern about my Child's ability to participate in  
the program, or about the program itself, I will remove my Child from  
participation and immediately inform the nearest program official of my  
concern.

3. I, for myself and my Child, and for all heirs, assigns, personal  
representatives, and next of kin of myself and/or my Child, HEREBY  
RELEASE San Diego State University and San Diego State University  
Foundation, their officers, officials, agents, volunteers and employees, the  
Aztec Football Technique Camp staff and volunteers, other program  
participants, sponsors, and sponsoring agencies of the program, and owners  
and lessors of any premises used to conduct the program ("RELEASEES")  
FROM ANY LIABILITY FOR ANY INJURY, DISABILITY OR DEATH OF THE  
MINOR, LOSS OR DAMAGE TO PROPERTY ARISING OUT OF THE  
PARTICIPATION OF THE MINOR IN THE PROGRAM TO THE FULLEST  
EXTENT PERMITTED BY LAW.

4. I HEREBY ASSUME ALL RISKS OF INJURY, known and unknown, to my  
Child arising from participation in the program, AND ASSUME FULL  
RESPONSIBILITY FOR PARTICIPATION OF MY CHILD.

5. I, for myself and for my Child, and for all of the heirs, assigns, personal  
representatives, and next of kin of the Minor, HEREBY INDEMNIFY AND  
HOLD FREE AND HARMLESS THE RELEASEES FROM ALL LIABILITIES,  
LOSS, DAMAGE, COSTS AND ALL OTHER CLAIMS FOR EXPENSES  
ASSERTED AGAINST THE RELEASEES WHICH MAY ARISE FROM  
INJURIES TO PERSONS (I.E. MINOR CHILD) OR PROPERTY  
OCCASIONED BY ATTENDANCE AT OR PARTICIPATION IN THIS  
CAMP; EVEN IF ARISING FROM THE SOLE NEGLIGENCE OF THE  
RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, FULLY  
UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE WAIVED  
SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY,  
VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.

SIGNATURE OF PARENT OR \_\_\_\_\_  
GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

NAME (PLEASE PRINT) \_\_\_\_\_

**MINOR'S STATEMENT OF ACKNOWLEDGEMENT OF RISK**

I understand the activities involved in this program may be dangerous and  
that I could be seriously hurt, paralyzed or even killed. I believe that I am  
physically and mentally able to participate fully in this program. However, if I  
sense any change in my physical or mental condition, I will stop participating  
immediately and inform the nearest official.

**I HAVE READ THE PARAGRAPH ABOVE, UNDERSTAND AND AGREE  
WITH WHAT I HAVE READ, AND CHOOSE TO SIGN THIS STATEMENT.  
I WILL ACCEPT ALL RISKS OF BEING HURT KNOWN AND UNKNOWN,  
AND TAKE FULL RESPONSIBILITY FOR MY BEHAVIOR.**

MINOR PARTICIPANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NAME (PLEASE PRINT) \_\_\_\_\_

**MEDICAL CONSENT FORM**

NAME OF PARTICIPANT \_\_\_\_\_

AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBERS:

HOME ( \_\_\_\_\_ ) \_\_\_\_\_

WORK ( \_\_\_\_\_ ) \_\_\_\_\_

Does your child have any severe medical problems, i.e. asthma, allergy to  
medications, allergy to bee stings, heart trouble, epilepsy, diabetes, physical  
handicaps, etc.? Please specify:

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

Should there be any limits on his physical activity? If so, what are  
they? \_\_\_\_\_

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

Has your child had any serious illness in the last three years? If yes, please  
explain: \_\_\_\_\_

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

May we contact the doctor for medical reports? YES \_\_\_ NO \_\_\_

In case of emergency, person to contact if parent/guardian cannot be  
reached?

Name \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Telephone \_\_\_\_\_

What relationship is this person to the program  
participant? \_\_\_\_\_

Is the participant covered by medical insurance? YES \_\_\_ NO \_\_\_

If yes, what kind? Medi-Cal \_\_\_ Kaiser \_\_\_

Other \_\_\_\_\_

Please provide medical coverage information (Medi-Cal card number, Kaiser  
card number, or other insurance claim form).

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

When was the last time your son had a complete physical examination?

Date \_\_\_\_\_ Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Telephone \_\_\_\_\_

I do hereby authorize the performance of medical examinations and  
necessary treatments (including tests, x-rays, drugs, etc.) as may be  
deemed advisable for the period of time that my minor child or legal ward is  
enrolled as a participant in the Aztec Football Technique Camp. If an  
emergency arises requiring a major medical procedure, the program will  
attempt to reach me and to be guided by my wishes, but if I cannot be  
reached, I authorize the attending physician to act as medical judgment may  
dictate.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_