

## **Tom Alper's Elite Football Camps**

Please Fill out and return with the camp application or bring it to the camp

Name: \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Camp Attending-Check One:  Kicking Camp  Quarterback/Receiver Camp

I/we, the undersigned Parents(s) guardian of \_\_\_\_\_ (name of child) do hereby give my/our permission for my/our child to participate in the Tom Alper Kicking Academy and/or Quarterback Camp in the Bubble at the RMU Island Sports Center on February 7, 21 and March 7 2009 during the times of 6:45 to 10:45.

### **Hold Harmless and Indemnifications**

In consideration of the agreement of Tom Alper and the RMU Island Sports Center to allow my child to participate in said outing, and INTENDING TO BE LEGALLY BOUND HEREBT, I agree to indemnify and hold harmless Tom Alper and the RMU Island Sports Center against any loss from any and all claims, demands and actions at law or in equity that may hereafter at any time be brought by my child, or anyone acting on his/her behalf, for the purpose of enforcing a claim for damages because of any injury (including death) to my child as a result of, or in any way related to his/her participation in the above- mentioned and will not activity or his/her transit thereto.

I/We agree that in case if injury to my/our child, I will apply our hospitalization and/or accident insurance toward payment of expenses incurred look to Tom Alper and the RMU Island Sports Center for payment of any medical costs or injury related costs.

### **Medical Authorization**

In the event of injury or illness to my/our child during the above activity, and we are unable to be contacted to authorize necessary medical treatment, we hereby give our permission for necessary medical treatment to be given to my/our child. We further authorize a representative of Tom Alper's Elite Football Camps who accompanies my/our child on said camp to act on our behalf in signing consents, releases, documents or hospital forms in event of illness or of injury to my/our child in order that medical or hospital care can be obtained, with the same power and authority as if I/we were present to act.,

I/We for myself/ourselves, for my/our child, my/our representative heirs, and my/our respective legal representative, do hereby release any representative of Tom Alper's Elite Football Camps from any and all claims, demands and causes of action of whatever kind and nature for their actions taken pursuit to this authority.

IN WITNESS WHEREOF I/We execute this Hold and Harmless and Indemnification agreement the  
(Date) \_\_\_\_\_

Father \_\_\_\_\_

Mother \_\_\_\_\_

Guardian \_\_\_\_\_