Participants Name: _____

William Moore's First Annual Free Youth Football Camp

June 21, 2014

Waiver of Liability, Assumption of Risk, and Indemnity Agreement

Waiver: In consideration for being permitted to participate in any way in "William Moore's Football Camp," I, for myself, my heirs, personal representatives and assigns (including, but not limited to the participant in the camp listed on the application)(collectively "Releasing Parties"), do hereby release, waive, discharge, and covenant not to sue William Moore's Football Camp, its owners, and their respective partners, owners, officers, employees, directors, contractors, assigns, and agents (collectively "William Moore's Football Camp") from and for any and all claims, liabilities, costs, fees, actions and causes of action of every nature, character and description, known and unknown, including, but not limited to, all those arising out of or in any way related to the negligence of William Moore's Football Camp, any individual's presence at the camp (as a participant or otherwise), any personal injury, any accidents or illnesses (including death), and any property loss (collectively, the "Claims"). The signatory below represents and warrants that he or she owns and/or has the authority to release the Claims released herein and to bind each of the Releasing Parties as provided in this Waiver of Liability Assumption of Risk and Indemnity Agreement, that none of the Claims have been assigned or transferred, and that this document contains the entire agreement of the parties.

_____

Signature of Parent of Minor (on behalf of all Releasing Parties) Date

Assumption of Risks: Participation in William Moore's Football Camp carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another and from one individual to another, but the risks include, but are not limited to 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions and/or 3) catastrophic injuries including paralysis and death. Releasing Parties acknowledge that they have read the previous paragraphs and know, understand, and appreciate these and other risks that are inherent in William Moore's Football Camp. Releasing Parties hereby assert that their participation is voluntary and Releasing Parties expressly agree that they knowingly assume all such risks.

Indemnification and Hold Harmless: Releasing Parties also agree to DEFEND, INDEMNIFY AND HOLD HARMLESS William Moore's Football Camp from and against any and all claims, actions, causes of action, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees, that arise out of or are in any way related to the camp or any of the Releasing Parties' participation in or presence at William Moore's Football Camp.
Severability: Releasing Parties further expressly agree that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Missouri and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: Releasing Parties acknowledge and expressly agree that they have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that they are giving up substantial rights, including rights to sue. Releasing Parties acknowledge that they are signing the agreement freely and voluntarily, and intend the signature below to be a complete and unconditional release of all liability to the greatest extent allowed by law.

_____

Signature of Parent of Minor (on behalf of all Releasing Parties) Date

RELEASE AUTHORIZATION FOR EMERGENCY TREATMENT

I understand that I am required to maintain and carry accident medical insurance coverage for the child listed on this application and I verify that the coverage information in the application is accurate and true.

In the case of an emergency and if I cannot be reached, I authorize the staff of William Moore's Football Camp to obtain whatever medical treatment he/she deems necessary for the welfare of my child listed on this application. I further understand that I will be financially responsible for all charges and fees incurred in the rendering of said emergency treatment, regardless of whether or not my medical insurance would cover such charges and fees.
I am the parent/guardian of the minor _____ and I am signing this Release on behalf of said minor.

_____

Signature of Parent of Minor (on behalf of all Releasing Parties) Date