



Team Hoot(Shawn Francis)/ Camp Parental Consent/Participation Waiver Form

We(the parents or legal guardian of the applicant) do hereby grant permission for our child to attend the Team Hoot Pole-Vault Camp/Coaching. I do hereby waive and release any and all rights and claims for damages due to injury and death that may be suffered before, during and after the event, which my child attended. We (the undersigned) agree to indemnity, hold harmless, and defend all liability, charges or accusations against Shawn Francis, Dennis Francis, Team Hoot, Hastings High School and District 200.

I fully understand the act of pole vaulting is potentially dangerous by its nature and that possible injury could occur during the course of instruction.

Warning: *Sports by their very nature pose the continuous threat of injury that no type of equipment can ensure against or prevent. Any person that is not willing to assume and be responsible for the risk consequences of injury should not participate. The wearing of equipment such as helmets, pads, or other such devices may help to reduce the risk of injury, but will not prevent it.*

I verify that my child has had a physical examination in the last 12 months prior to the clinic and has been certified by a certified physician to be eligible to participate in a pole vaulting clinic or any other related pole-vault activity.

Should a medical emergency arise and we (the parents or legal guardian) cannot be reached (after a reasonable attempt is made to contact me). We hereby authorize any certified physician, nurse or trainer selected by Shawn Francis Pole-Vault Camp/Coaching personnel to order and conduct any medical or surgical procedures necessary for the welfare and betterment of my child. By our signature, we attest to understand this waiver in its entirety.

Lastly, I will pay/replace any equipment I damage or break during the scheduled camp times.

Fathers signature: _____ Date: _____

Mothers Signature: _____ Date: _____

Signature, if athlete is over 18: _____ Date: _____

Insurance Company: _____

Policy or Group #: _____