



SMALL TOWNS BIG DREAMS FOUNDATION
Waiver and Consent Form

I, _____, (the “Participant”) desire to attend and participate in the 2024 Small Towns Big Dreams Foundation Football Camp (the “Camp”).

I hereby acknowledge that I have voluntarily applied to participate, or have elected to have my child, or a minor for whom I am responsible, participate in the Camp. I understand and acknowledge that the activities involved in the Camp are physically demanding and that I am solely responsible for determining whether I, or my child, or a minor for whom I am responsible, am/is physically fit to participate in the Camp. I hereby certify that I, or my child, or a minor for whom I am responsible, am/is physically fit to participate in the Camp and that I, or my child, or a minor for whom I am responsible, have no medical conditions that would prevent my, or my child, or a minor from whom I am responsible, full participation in the activities offered by the Camp.

I hereby acknowledge that my, my child’s, or a minor for whom I am responsible, participation in the Camp involves certain inherent risks, including, but not limited to, physical injury, illness, paralysis, or even death. In consideration for being permitted to participate in the Camp, I hereby, for myself, my child or ward, my spouse, heirs, and successors or assigns agree to assume all risks associated with my participation and to release and hold harmless the Camp, its organizers, coaches, staff, volunteers, and any affiliated entities (hereinafter, collectively referred to as the “Released Parties”) from any and all liability, claims, demands, actions, or rights of action, which are related to, arise out of, or are in any way connected with my participation in the Camp, including those arising out of the negligence of any of the Released Parties.

I understand that this Waiver and Consent Form is intended to be as broad and inclusive as permitted by the laws of North Dakota and that if any portion thereof is held invalid, it is agreed that invalidity or unenforceability of any provision of this Waiver and Consent Form in a specific situation shall not affect the validity or enforceability of that provision in other situations or of other provisions of this Release and Waiver and Consent Form.

I give permission for the Camp to take photographs while engaged in the Camp activities for the sole purpose of advertising and publicity, and I understand that my, my child’s, or a minor for whom I am responsible, identity will remain anonymous in conjunction with any photograph used in marketing.

By signing below, I express my intent to enter into this Waiver and Consent Form, and I do so willingly and voluntarily. I understand that by signing this form, I am giving up legal rights and remedies.

Signature of Participant

Date

For Participants under the age of 18:

I am the parent or legal guardian of the Participant. By signing below, I express my intent to enter into this Waiver and Consent Form, and I do so willingly and voluntarily. I understand that by signing this form, I am giving up legal rights and remedies.

Signature of Parent/Guardian

Date



SMALL TOWNS BIG DREAMS FOUNDATION
Participant Information

Emergency Contact Information

Cell Phone #: _____ Work Phone #: _____

Emergency Phone #: _____ Contact Name: _____

*Special instructions regarding care of your child at camp: _____

Insurance Information

Insurance Company Name: _____ Policy Number: _____

Group #: _____ Policy Holder's Name: _____

Relationship to Camper: _____