

*This form must be completed and signed by a parent of the camper. If the camper is 18 years of age or older, the camper can complete and sign. .*

**2020 DREW CRONIC FOOTBALL CAMP & MERCER UNIVERSITY FACILITIES USAGE FORM  
RELEASE AND WAIVER OF LIABILITY**

1. I, the parent(s)/guardian(s) of the registered Camper, or the registered Camper that is over the age of 18, know that participation in sports may result in serious injury or death, and protective equipment does not prevent all injuries to players. I hereby waive, release, absolve, and agree to hold harmless, Mercer University, Drew Cronic, or the Drew Cronic Football Camp, its administrators, employees, coaches, students, and staff, as well as the organizers, supervisors, volunteers, sponsors, participants and persons transporting me to and from activities from any claim arising out of any injury to myself or my child, whether the result of negligence or for any other cause.

2. I (We), the parent(s)/guardian(s) of the registered camper, do hereby:

➤ give my (our) approval for the registered Camper to participate in activities utilizing Mercer University facilities and Mercer University athletic facilities. I (We) have read paragraph 1. above and agree to hold harmless, Drew Cronic, Mercer University or the Drew Cronic Football Camp, its administrators, employees, coaches, students and staff, as well as the organizers, supervisors, volunteers, sponsors, participants, and persons transporting my (our) Camper to and from activities, harmless from any claim arising out of any injury to my (our) Camper, whether the result of negligence or for any other cause.

➤ authorize any medical or surgical treatment which may be necessary in an emergency, and in my absence, for the well being of the registered Camper. I agree to hold Mercer University, Drew Cronic, or the Drew Cronic Football Camp harmless.

➤ understand that accident/medical insurance coverage is **NOT** provided by Mercer University or the Drew Cronic Football Camp. If injured while at Mercer University, on campus or in the facilities, I (we) understand that I (we) are responsible for any/all medical expenses and/or insurance coverages. This is to certify that my dependent has had adequate medical exam and is physically able to participate in the Drew Cronic Football Camp.

➤ understand that property damages and general liability insurance are **NOT** provided by Mercer University or the Drew Cronic Football Camp. I (We) understand Mercer University , Drew Cronic, or the Drew Cronic Football Camp is not responsible for property damage resulting from the use of Mercer University facilities or athletic facilities. I (We) will be responsible for the cost of any property damage caused by our child.

Parent/Guardian Signature \_\_\_\_\_

Participant Signature (If over 18) \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

