



Agreement of Compliance Medical Treatment, Liability Release, and Appearance Agreement

Coordinator/Coach/Advisor/Parent: An agreement of compliance must be read and signed for each member on your team in order for her to participate in the Jr. PACK Dancers Clinic.

Participant's Name: _____ School/Group _____
 Home Address: _____ City/State/Zip _____
 Cellphone # _____ Date of Birth _____
 Parent's Name _____ Day Phone _____
 Insurance Company _____ Policy # _____
 If parent cannot be reached, please contact _____ Phone _____ Have you had any serious illness, surgery or injury? If yes, please describe and when _____

Do you have any medical problems or allergies that may interfere with this camp/clinic? _____

Describe the problem or limitations _____
 Do you have medication for this, with you? Please describe _____

I understand that there are risks of physical injury (including but not limited to cuts, sprains, broken bones, and/or catastrophic injury) associated with, arising out of and inherent to the activity taking place at this event. In recognition of this acknowledged risk of injury, I knowingly and voluntarily waive all rights and/or causes of action of any kind, including any and all claims of negligence, arising as a result of such activity from which liability could accrue to California Wolfpack Football, The PACK Dance Team, GO HARD SOCIETY, Developmental Football International, its officers, agents, employees, and instructors (hereinafter collectively referred to as "Jr. PACK Dancers Clinic").

I hereby agree to release "Jr. PACK Dancers Clinic" and hold "Jr. PACK Dancers Clinic" harmless of all liability, and hereby acknowledge that I knowingly and voluntarily assume full responsibility for all risks of physical injury arising out of active participation in this camp/clinic on behalf of the participant.

I am aware that this is a release of liability and acknowledgment of my voluntary and knowing assumption of risk of injury. I have signed this document voluntarily and of my own free will in exchange for the privilege of participation.

I understand that "Jr. PACK Dancers Clinic" produces promotional material about their program. I understand that my son/daughter may be included in video tape or photography taken during this event. I hereby grant "Jr. PACK Dancers Clinic", its successors, assignees, licensees, sponsors, any television networks and all other commercial exhibitors the exclusive right to photograph and/or video tape my son/daughter and further to utilize my son/daughter's name, face, likeness, voice and appearance as part of the event, and in advertising and promotion of the event, without reservation or limitation. In granting this license, I understand that the photography company is under no obligation to exercise any of its rights, licenses and privileges herein granted.

If I am a minor, my parent and/or legal guardian has signed this document releasing "Jr. PACK Dancers Clinic" from any and all such liability described above and has acknowledged that I am knowingly and voluntarily assuming all risk of injury inherent to this activity/camp.

The above named student has my permission to attend/participate in the Jr. PACK Dancers Clinic. I warrant the above information is complete and correct. I have completely read and understand the above release information. I hereby authorize the camp director or their agent to act in my behalf to provide emergency medical treatment. I further release California Wolfpack Football, The PACK Dance Team, GO HARD SOCIETY, Developmental Football International, its officers, agents, employees, and instructors, clinic staff of all liabilities associated with my child's attendance at the clinic.

Date: _____ Signed: _____
 Name: _____