



**7-on-7 State Championships
Recognition and Assumption of Risk Agreement & Physician
Release**

I, the undersigned parent/legal guardian of _____ authorize said child's full participation in the 7-on-7 State Championship, including all related activities. It is my understanding that participation in the activities that make up the 7-on-7 State Championship is not without some inherent risk of injury. As such, in consideration of my child's participation in the 7-on-7 State Championship, I covenant not to sue the camp program, it's financial sponsors, the city of College Station, the State of Texas, their officers, servants, agents or employees and release, waive, and discharge said parties from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation and accept responsibility for the cost.

Print Participants Name _____

Personal Insurance Company and Policy Number _____

Parent/Guardian Signature _____
date

I also agree to follow all instructions and procedures in order to maintain a maximum level of safety

Participants Signature _____
Date