

St. Gabriel Football
2013 Skills and Conditioning Camp
July 15-18, 5:30pm - 7:30pm
Registration will be held at 5:00 pm on Monday July 15th.

- Bring a water bottle or a beverage in a container clearly marked with the participants last name.
- Bring the signed waiver attached to this sheet.
- Bring proper footwear.
- Camp will end promptly at 8pm each night.
- The donation for the camp will be \$20.00 per participant.
- The camp will be held at the St. Gabriel football field.
- **The football skills and conditioning camp is being hosted by the incoming 4th grade coaches and former St. Gabriel CYO football coaches. The camp will include training in football related skills. Please fill out the form waiver below and bring it with you to registration.**

WAIVER AND RELEASE OF CLAIMS FOR USERS OF ST. GABRIEL CHURCH FACILITIES.

In exchange for my minor child being allowed to utilize the St. Gabriel Football Field on the days and times specified below I agree to the following:

I am the parent or legal guardian of _____, a minor child.

- I recognize that St. Gabriel Church is giving permission to my child to use the Football Field only for purposes of participating in a Football Skills and Conditioning Camp On July 15-18, 2013 from 5:30-7:30 pm.
- I recognize and understand the possibility of physical injury and damage to property associated with my child's participation in such activities.
- I hereby assume, on behalf of my minor child, my spouse, and myself all risks, including any risk to person or property, in any way arising out of or related to my child's use of St. Gabriel's facilities.
- I, on behalf of myself, my spouse, my heirs and assigns, my executor, all other legal representatives and any others claiming through me or on behalf of me, hereby agree to release, discharge, and indemnify St. Gabriel Church and its pastor, The Roman Catholic Diocese of Cleveland and the Bishop of the Roman Catholic Diocese of Cleveland, as well as their respective employees, agents, representatives, sponsors, and volunteers from and against all claims, judgments, liability (of any nature or extent) which in any way arise out of or relate to my child's use of St. Gabriel's facilities, whether foreseen or unforeseen.
I understand that it is my sole responsibility to provide adequate medical insurance for my child. In signing below I warrant that I have read and fully understand this Release.

Sign: _____

Date: _____

Print Name: _____

Phone# _____