

Wavier Form

Name _____

Address _____

City/State/Zip _____

Parent/Guardian _____

Family Doctor/Phone _____

Home Phone _____

Work Phone _____

E-Mail Address _____

Height _____ Weight _____

Age _____ Upcoming Grade _____

Sport _____ Position _____

Waiver of Participation

I realize that Ed Meacham's Strength and Conditioning Camp inherently has a possibility of injury. Mr. Ed's (Ed Meacham) Strength and Conditioning Camp DOES NOT provide accident insurance for its program participants. I hereby understand that payment for any emergency medical, hospital, or physician treatment rendered for my son/daughter is my responsibility.

It is with full understanding of all items above that I give full permission for my son/daughter to participate in Mr. Ed's Strength and Conditioning Camp. By enrolling in the program I hereby, for my dependent, waive and release any and all rights and claims against Mr. Ed's (Ed Meacham) Strength and Conditioning Camp and its representatives, successors and assigns for any and all injuries suffered by my dependent during the Mr. Ed's (Ed Meacham) Strength and Conditioning Camp.

With full and complete understanding and agreement of the above, I give my child permission to participate in Mr. Ed's Strength and Conditioning Camp.

Parents/Guardians Signature/Date