



LIABILITY RELEASE



Carolinas HealthCare System

Print School Name: Down Syndrome Assoc. of Greater Charlotte Play 60 Camp held on 6 / 16 / 17
 The Child: _____ (Name)
 Address: _____

*Due to the demand of Play 60 camps, the Carolina Panthers require a minimum of 75 participants. One (1) weeks prior to the camp, the Panthers must receive a minimum of 75 liability releases from host organization via fax or mail.

THE PLAY 60 CAMP HAS NO PLAYER PARTICIPATION & IS NON-CONTACT

For more information on the camp, please go to www.panthers.com/community

In consideration of the Child's right to participate in the Event, I agree as follows:

1. I authorize the Child to participate in the Event.
2. **I acknowledge that the Child's participation in the Event involves risk of serious bodily injury, death, and/or property damage.** I assume and accept all risk of bodily injury, death, property damage and other harm connected with the Child's participation in the Event. I acknowledge that I am responsible for any and all medical expenses due to the Child's illness or injury in connection with the Event.
3. **I acknowledge that the Event may involve strenuous and hazardous physical activities** and I certify that the Child is in excellent physical health and has no physical limitations that would prevent the Child from participating in the Event. I grant permission to the Camp Parties (defined below) to provide the Child with emergency medical treatment if needed.
4. I hereby indemnify, hold harmless and release Panthers Football, LLC, the National Football League and its thirty-two Member Clubs, Gatorade, Academy Sports+Outdoors, The Quaker Oats Company and Stokely-Van Camp, Inc., Under Armour Inc., USA Football and each of their respective affiliates, officers, directors, employees, agents or representatives ("Camp Parties") for and from any and all liability for all claims, demands, losses, damages and costs, including reasonable attorneys' fees, that arise out of or in connection with any personal injury, property damage, and/or other loss suffered by the Child in connection with the Child's participation in the Event.
5. I authorize the Camp Parties to take videotapes and photographs of the Child and to record the child's voice, conversation and other sounds during and in connection with the Event. I acknowledge that the Camp Parties shall own exclusively all copyright and other rights in and to such tapes, photography, and recordings and may use them forever and throughout the world in any manner without compensation to me or the Child. I authorize the Camp Parties to use the Child's name, voice, likeness, and any biographical facts provided to the Camp Parties in advertising and promoting the Events or any National League Football game without further compensation.
6. I certify that I am the parent or legal guardian of the Child.
7. I acknowledge that I have read this Release, fully understand its contents and have signed below of my own free will.

SIGN NAME _____ DATE _____

PRINT NAME _____