

Return this form to your school office by May 21st.

Free 3 Day Camp

*Saturday July 10th Grades 4&5 9-9:45 am Grades 6&7 10-10:45 am

*Saturday July 17th Grades 4&5 9-9:45 am Grades 6&7 10-10:45 am

*Thursday July 23rd
All Campers 8:30-10pm
Under the Lights

Every Camper will get a Leopard Football Camp T-Shirt

Camp and Sign Up Information

Name		
Address:		
Cell Phone:		
Your number will be added to the Camp Text Remind Alerts		
Current Grade (2020-21 School year):		
Little Leopard Team from last season (If you didn't play last year just put none.)		
If the camper decides to also play Little Leopards this coming season, they will be able to sign up each day at the camp.		
Shirt SizeYSYMYLSML		
Parent Signature:		

Every Camper must also fill out the back of this form.



Sponsored By



Leopard Nation

WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT

NAME OF ACTIVITY/EVENT:	
DATE OF ACTIVITY/EVENT:	
DISCHARGE AND CONVENANT NOT TO SUE <u>L</u> (hereinafter referred to as RELEASEES) from any of or related to any loss, damage, or injury, in WHETHER CAUSED BY THE NEGLIGENCE OF THE	vity/Event listed above and other valuable consideration, I hereby RELEASE, WAIVE, OUISVILLE CITY SCHOOL DISTRICT , their officers, servants, agents, and employees and all liability, claims, demands, actions and causes of action whatsoever arising out accluding death, that may be sustained by me, or to any property belonging to me, ERELEASEES, or otherwise, while participating in such activity, or while in, on or upon ted or in transportation to and from said premises.
including but not limited to the risks as noted labove-named premises and engage in such VOLUNTARILY ASSUME FULL RESPONSIBILITY FO	cipate in this activity. I am fully aware of risks and hazards connected with the activity, herein, and I hereby elect to voluntarily participate in said activity, and to enter the activity knowing that the activity may be hazardous to me and my property. OR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, damage to property owned by me, as a result of being engaged in such an activity. EASEES or otherwise.
•	HOLD HARMLESS THE RELEASEES from any loss, liability, damage or costs, including ur due to my participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF
am alive, and my heirs, assigns and personal re	lold Harmless Agreement shall bind the members of my family and spouse (if any), if epresentative, if I am not alive, shall be deemed as a RELEASE, WAIVER, DISCHARGE d RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless the the laws of the State of Ohio.
5. I UNDERSTAND THAT THE <u>LOUISVILLE CITY S</u> WITH AN INJURY I MAY SUSTAIN.	CHOOL DISTRICT WILL NOT BE RESPONSIBLE FOR ANY MEDICAL COSTS ASSOCIATED
	erules and regulations of the School District concerning student conduct and not to made by the person or persons in charge of said activity and that I will further assume n of any rule or directive or instruction.
=	ed to obtain adequate health and accident insurance to cover any personal injury to ty or the transportation to and from said activity.
Agreement, understand it and sign it voluntarily apart from the foregoing written agreement, h	ND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless y as my own free act and deed; no oral representations, statements or inducements nave been made; I am at least eighteen (18) years of age and fully competent; I am a uardian; and I execute this Release for full, adequate and complete consideration fully
Print Student/Participant Name	Signature of Parent or Guardian
	Date of Signature (REQUIRED)