

Student Information

PLEASE PRINT

Student Name _____

Student Email _____

High School _____

Grade 10 11 12

Offensive Position QB RB WR TE OL

Defensive Position CB S LB DL

2016 College Exposure Camp

Student Waiver

Prior to participation in the 2016 College Exposure Camp, please have your parent read and sign the following waiver.

Legal Disclaimer: Must be signed by a parent or guardian prior to participation

I hereby release Milwaukee Public School District and its employees, and the representatives from the colleges and universities in attendance today (6-11-16) from all responsibilities for damages or injuries while participating at the 2016 College Exposure Camp, except for injuries from gross negligence or willful misconduct. I also grant the Bay View High School football coaching staff permission to act on behalf of my child according to their best judgment in any emergency requiring medical attention. I certify that the applicant is in good health and able to participate in this camp. I agree to allow the participant to be treated by a licensed physician if necessary. I also understand that Bay View High School Football may take photographs of camp participants and activities. I agree that Bay View High School Football shall be the owner of and may use such photographs relating to the promotion of future camps. If you have any questions – Please call Jeff Wallack at 414.403.3865.

Signature of Parent or Legal Guardian of Participant / Date