

**RELEASE, ASSUMPTION OF RISK AND AGREEMENT TO
HOLD HARMLESS
ARIZONA STATE UNIVERSITY &
DEVIL FOOTBALL CAMPS**

I/WE are aware that participation by our son, _____, in one or more of the Devil Football Camp sport activities for youth and associated activities can be dangerous and we understand that unexpected events may occur and result in harm, injury or illness to our son. I/WE understand that the dangers and risks of participating may result in death or serious injury, or a serious impairment of our son's future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

I/WE hereby request and consent to Devil Football Camps allowing our son to participate in the Devil Football Camps sport activities for youth program. I/WE declare that our son is in good health and if I/WE have any concerns about our son's health or ability to participate, I/WE agree to discuss our concerns with our physician prior to deciding to allow our son to participate; and I/WE consent to the provision of emergency medical treatment is necessary in the medical opinion of the doctor rendering the treatment.

Because of the dangers and risks of participating in the sport activities, WE recognize the importance of following policies, procedures, rules and regulations; and, instructions as provided, and we shall instruct our son accordingly.

In consideration of our son being permitted to participate in the Devil Football Camps sport activities for youth and associated activities; I/WE hereby agree to assume all costs associated with our son's participation. To the extent permitted by law, we agree to release, hold harmless and indemnify the State of Arizona, Arizona Board of Regents, Arizona State University and their regents, departments, officers, employees, agents, and assigns from and against any present or future claim, loss or liability for injury to person which our son may suffer or for which our son may be liable to any other person. The terms hereof shall serve as a release and assumption of risk by ourselves, our heirs, estate, executor, administrator, assignees and for all members of my family.

I/WE, being an adult, have read the above statement and fully understand the contents, Consequences and implications of signing this document.

DATE: _____

PRINTED NAME

PRINTED NAME

SIGNATURE

SIGNATURE

