

**RELEASE, INDEMNIFICATION, AND HOLD HARMLESS AGREEMENT
(ROBESON COUNTY, NORTH CAROLINA)**

In consideration for the Attendee being permitted to participate in the **MARK HALL FOOTBALL CAMPS** from _____ (Dates of participation), I do waive and release forever any and all rights for claims and damages I may have against *MARK HALL FOOTBALL CAMPS*, its governing board, officers, agents, and employees from and against any and all liability for any harm, injury, damage, claims, demands, actions, costs, and expenses of any nature which Attendee may have or which may hereafter accrue to Attendee, arising out of or related to any loss, damage, or personal injury, that may be sustained by Attendee or by any property belonging to Attendee, whether caused by negligence or carelessness on the part of *MARK HALL FOOTBALL CAMPS*, its officers, agents, and employees, or otherwise, while Attendee is in, on, upon, or in transit to or from the premises where the Activity, or any adjunct to the Activity, occurs or is being conducted.

I accept, understand, and assume that there is a risk of injury in this Activity, due to the physical nature of the Activity, including but not limited to falls, contact with other participants, and being injured by thrown, kicked, or batted balls and other items. Specific hazards associated with the Activity include but are not limited to concussions, fractures, strains/sprains, heat illness, sickness, lacerations, contusions, avulsions, punctures, soft tissue/organ damage, cardiac emergencies and drowning incidents.

Attendee agrees to follow all instructions and to wear all necessary, recommended, and appropriate protective gear and equipment.

I agree to release, hold harmless, and indemnify *MARK HALL FOOTBALL CAMPS*, its governing board, its officers, its agents, and its employees from any, and all, claims and liability arising out of the Activity.

If Attendee is a minor under the age of eighteen (18), signature of Parent or Guardian is required.

Printed Name of Attendee

Signature of Attendee

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Date Signed

Address

City, State, Zip Code

Phone Number