



I hereby certify that the participant named below is physically able to participate in the Fred T. Farrier Football Camps at Morgan State University and that I am not aware of any physical impairments that would limit his/her participation in camp activities in any manner. I hereby grant permission for physicians, dentists, other licensed health care providers and their designees employed by or directed by the Fred T. Farrier Football Camps at Morgan State University to administer outpatient medical, surgical, or dental services as appropriate or necessary or to refer to other duly licensed medical personnel when necessary. I state that I have insurance coverage to cover any such costs and I agree to assume all costs related to such treatments not covered by my insurance. Also, I authorize the disclosure of medical information to my insurance company to pay benefits. The undersigned does hereby agree to hold harmless and to indemnify the Fred T. Farrier Football Camps at Morgan State University, Morgan State University, the State of Maryland, the Board of Regents of the University of Maryland System and its employees from any and all liability, loss, damages, costs and expenses which are sustained, incurred or required that arise from the participation of my son/daughter in the Fred T. Farrier Football Camps at Morgan State University.

Card # - \_\_\_\_\_

\_\_\_\_\_  
Participant Name – PLEASE PRINT

\_\_\_\_\_  
Grade

\_\_\_\_\_  
Position

\_\_\_\_\_  
Address

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Email

\_\_\_\_\_  
Signature (parent/guardian if under 18)

\_\_\_\_\_  
High School

\_\_\_\_\_  
Parent/Guardian Name – PLEASE PRINT

\_\_\_\_\_  
Date