

MEDICAL WAIVER

I hereby release the S.A.V.E. Program, and all other camp coaches and volunteers, along with Omaha South High School and any O.P.S. employees from any injury and or illness that may result from participation in the S.A.V.E. Program football clinic.

I certify that my child is in good physical health and can participate in all clinic activities. I grant permission for the clinic directors to act on my behalf in case of medical emergency. I understand that I am responsible for all medical expenses and waive any and all liability due to injuries or negligence from the above mentioned individuals.

Parent Signature_____

Date_____

Participants Name_____

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