



## **7-on-7 State Championships Recognition and Assumption of Risk Agreement & Physician Release**

I, the undersigned parent/legal guardian of \_\_\_\_\_ authorize said child's full participation in the 7-on-7 State Championship, including all related activities. It is my understanding that participation in the activities that make up 7-on-7 State Championship is not without some inherent risk of injury. As such, in consideration of my child's participation in 7-on-7 State Championship, I covenant not to sue the camp program, it's financial sponsors, the Texas A & M Athletic Department, Texas A & M University, the Texas A & M University System, the State of Texas, their officers, servants, agents or employees and release, waive, and discharge said parties from any and all liability, claims, demands, action and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while in, or upon the premises where the activity is being conducted. I also give my permission for any emergency medical care or treatment by a physician, surgeon, hospital, or medical care facility that may be required, including transportation and accept responsibility for the cost.

**Print Participants Name** \_\_\_\_\_

**Personal Insurance Company and Policy Number**  
\_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_  
date

**I also agree to follow all instructions and procedures in order to maintain a maximum level of safety**

**Participants Signature** \_\_\_\_\_  
date