



MEDICAL WAIVER & MINOR RELEASE

2025

ALL CAMPERS MUST COMPLETE THIS FORM AND BRING IT TO CAMP CHECK-IN. THIS FORM CONTAINS THREE PAGES. CAMPERS WILL BE PERMITTED TO PARTICIPATE IN CAMP ONLY AFTER BOTH PAGES HAVE BEEN COMPLETED, SIGNED BY A PARENT/ GUARDIAN AND CAMPER, AND REQUIRED ITEMS HAVE BEEN SUBMITTED.

MEDICAL WAIVER

CAMPER INFORMATION:

Camper Name (Last) (First) (Middle)

Please check the camp attending:

- | | |
|--|---|
| <input type="checkbox"/> JUNIOR COLLEGE SHOWCASE
(JUNIOR COLLEGE + COLLEGE TRANSFERS*) June 1 | <input type="checkbox"/> BULLDOG PROSPECT CAMP
(GRADES 9-12 + COLLEGE TRANSFERS*) JUNE 14 |
| <input type="checkbox"/> BATTLE OF THE VALLEY 7on7 TOURNAMENT
(GRADES 9-12 + COLLEGE TRANSFERS*) JUNE 7 | <input type="checkbox"/> FRIDAY NIGHT LIGHTS CAMP
(GRADES 9-12 + COLLEGE TRANSFERS*) JUNE 20 |
| <input type="checkbox"/> BATTLE OF THE VALLEY 7on7 TOURNAMENT
(GRADES 9-12 + COLLEGE TRANSFERS*) JUNE 8 | <input type="checkbox"/> BULLDOG BORN. BULLDOG BRED. YOUTH CAMP
(GRADES 3-5) JUNE 20-21 |

*Per NCAA rules, 2-year college student-athletes are permitted to attend camp provided they have not triggered student-athlete status at another 4-year institution.

PHYSICAL OR PHYSICIAN'S CONSENT FOR PARTICIPATION:

Each camper is **REQUIRED** to provide ONE of the following (please check which requirement you are providing):

☐ A copy of the camper's physical dated after July 1, 2024, stapled to this form. (The physical must be dated one year prior to the start of camp.) Please do not bring the original physical as we must keep a copy for our records.

OR

☐ A physician's signature releasing the camper to participate in camp activities (in the space provided below).

Physician's Consent: I hereby certify that the camper (named above) has no restrictions which would prevent him from active and full participation in any and all activities related to this camp.

Physician's Signature

Date

Phone #

**RELEASE OF LIABILITY, PROMISE NOT TO SUE,
ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS**

Name of Event _____ (hereinafter "Event")

Date of Camp: _____

BY ENTERING THIS FACILITY, I ACKNOWLEDGE, UNDERSTAND AND ACCEPT THE FOLLOWING: PARTICIPATION AND/OR ATTENDANCE AT THIS EVENT INCLUDES POSSIBLE EXPOSURE TO AND ILLNESS FROM INFECTIOUS DISEASES INCLUDING BUT NOT LIMITED TO COVID-19. WHILE PARTICULAR RULES AND PERSONAL DISCIPLINE MAY REDUCE THIS RISK, THE RISK OF SERIOUS ILLNESS AND DEATH DOES EXIST; I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS RELATED TO ILLNESS AND INFECTIOUS DISEASES, SUCH AS COVID-19, EVEN IF ARISING FROM THE NEGLIGENCE OR FAULT OF THE CALIFORNIA STATE UNIVERSITY, FRESNO; I HEREBY KNOWINGLY ASSUME THE RISK OF INJURY, HARM AND LOSS ASSOCIATED WITH THE ACTIVITY, INCLUDING ANY INJURY, HARM AND LOSS CAUSED BY THE NEGLIGENCE, FAULT OR CONDUCT OF ANY KIND ON THE PART OF STATE OF CALIFORNIA; THE TRUSTEES OF THE CALIFORNIA STATE UNIVERSITY; CALIFORNIA STATE UNIVERSITY, FRESNO; THE CALIFORNIA STATE UNIVERSITY ASSOCIATION, INC.; CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION, INC.; CALIFORNIA STATE UNIVERSITY ATHLETIC CORPORATION; AND ALL OF SAID ENTITIES' EMPLOYEES, OFFICERS, DIRECTORS, VOLUNTEERS AND AGENTS (COLLECTIVELY "UNIVERSITY") I AM VOLUNTARILY PARTICIPATING IN THIS ACTIVITY. I AM AWARE OF THE RISKS ASSOCIATED WITH TRAVELING TO/FROM AND PARTICIPATING IN THIS ACTIVITY, WHICH INCLUDE BUT ARE NOT LIMITED TO PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND/OR DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHER'S ACTIONS, INACTION, OR NEGLIGENCE; CONDITIONS RELATED TO TRAVEL; OR THE CONDITION OF THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN OR UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THE ACTIVITY. I AGREE TO HOLD THE UNIVERSITY HARMLESS FROM ANY AND ALL CLAIMS, INCLUDING ATTORNEY'S FEES OR DAMAGE TO MY PERSONAL PROPERTY, THAT MAY OCCUR AS A RESULT OF MY PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THE ACTIVITY. IF THE UNIVERSITY INCURS ANY OF THESE TYPES OF EXPENSES, I AGREE TO REIMBURSE THE UNIVERSITY. IF I NEED MEDICAL TREATMENT, I AGREE TO BE FINANCIALLY RESPONSIBLE FOR ANY COSTS INCURRED AS A RESULT OF SUCH TREATMENT. I AM AWARE AND UNDERSTAND THAT I SHOULD CARRY MY OWN HEALTH INSURANCE.

I AM 18 YEARS OR OLDER. I UNDERSTAND THE LEGAL CONSEQUENCES OF SIGNING THIS DOCUMENT, INCLUDING (A) RELEASING THE UNIVERSITY FROM ALL LIABILITY, (B) PROMISING NOT TO SUE THE UNIVERSITY, (C) AND ASSUMING ALL RISKS OF PARTICIPATING IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THE ACTIVITY. I UNDERSTAND THAT THIS DOCUMENT IS WRITTEN TO BE AS BROAD AND INCLUSIVE AS LEGALLY PERMITTED BY THE STATE OF CALIFORNIA. I AGREE THAT IF ANY PORTION IS HELD INVALID OR UNENFORCEABLE, I WILL CONTINUE TO BE BOUND BY THE REMAINING TERMS. I HAVE READ THIS DOCUMENT, AND I AM SIGNING IT FREELY. NO OTHER REPRESENTATIONS CONCERNING THE LEGAL EFFECT OF THIS DOCUMENT HAVE BEEN MADE TO ME. IF PARTICIPANT IS UNDER 18 YEARS OF AGE, OR HAS A LEGAL CONSERVATOR OR GUARDIAN:

I AM THE PARENT OR LEGAL CONSERVATOR/GUARDIAN OF THE PARTICIPANT. I UNDERSTAND THE LEGAL CONSEQUENCES OF SIGNING THIS DOCUMENT, INCLUDING (A) RELEASING THE UNIVERSITY FROM ALL LIABILITY ON MY AND THE PARTICIPANT'S BEHALF, (B) PROMISING NOT TO SUE ON MY AND THE PARTICIPANT'S BEHALF, (C) AND ASSUMING ALL RISKS OF THE PARTICIPANT'S PARTICIPATION IN THIS ACTIVITY, INCLUDING TRAVEL TO, FROM AND DURING THE ACTIVITY. I ALLOW PARTICIPANT TO PARTICIPATE IN THIS ACTIVITY. I UNDERSTAND THAT I AM RESPONSIBLE FOR THE OBLIGATIONS AND ACTS OF PARTICIPANT AS DESCRIBED IN THIS DOCUMENT. I AGREE TO BE BOUND BY THE TERMS OF THIS DOCUMENT.

I HAVE READ THIS DOCUMENT, AND I AM SIGNING IT FREELY. NO OTHER REPRESENTATIONS CONCERNING THE LEGAL EFFECT OF THIS DOCUMENT HAVE BEEN MADE TO ME. I AM FAMILIAR WITH AND DO HEREBY WAIVE THE PROVISIONS OF SECTION 1542 OF THE CALIFORNIA CIVIL CODE (AND SIMILAR PROVISIONS OF OTHER JURISDICTIONS) WHICH PROVIDES AS FOLLOWS: "A GENERAL RELEASE DOES NOT EXTEND TO CLAIMS THAT THE CREDITOR OR RELEASING PARTY DOES NOT KNOW OR SUSPECT TO EXIST IN HIS OR HER FAVOR AT THE TIME OF EXECUTING THE RELEASE AND THAT, IF KNOWN BY HIM OR HER, WOULD HAVE MATERIALLY AFFECTED HIS OR HER SETTLEMENT WITH THE DEBTOR OR RELEASED PARTY."

THIS ASSUMPTION OF RISK AND RELEASE OF LIABILITY FORM (THIS "AGREEMENT") IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY LAW. IF ANY PROVISION OR ANY PART OF ANY PROVISION OF THIS AGREEMENT IS HELD TO BE INVALID OR LEGALLY UNENFORCEABLE FOR ANY REASON, THE REMAINDER OF THIS AGREEMENT SHALL NOT BE AFFECTED THEREBY AND SHALL REMAIN VALID AND FULLY ENFORCEABLE. THIS AGREEMENT CONTAINS THE COMPLETE AND EXCLUSIVE STATEMENT OF THE PARTIES' AGREEMENT AS TO MATTERS SET FORTH HEREIN AND

REPLACES AND SUPERSEDES ALL OF THEIR PRIOR WRITTEN OR ORAL, EXPRESS OR IMPLIED, AGREEMENTS, UNDERSTANDINGS, COMMUNICATIONS OR STATEMENTS ABOUT THOSE MATTERS. THIS AGREEMENT SHALL BE CONSTRUED AND ENFORCED IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA APPLICABLE TO AGREEMENTS OF THIS NATURE, OR WHERE PRE-EMPTED, BY THE APPROPRIATE BODY OF FEDERAL LAW, AND I HEREBY CONSENT TO THE JURISDICTION OF SAID STATE. ALTHOUGH I, FOR MYSELF, AND ON BEHALF OF MY PERSONAL REPRESENTATIVES, HEIRS, SPOUSE, GUARDIANS, LEGAL REPRESENTATIVES, EXECUTORS, ADMINISTRATORS, SUCCESSORS AND ASSIGNS AND NEXT OF KIN ACKNOWLEDGE AND AGREE THAT I AND THEY HAVE WAIVED ALL RIGHTS TO BRING CERTAIN CLAIM(S) AGAINST THE RELEASED PARTIES, I ACKNOWLEDGE AND AGREE THAT ANY CLAIM THAT I OR THEY MIGHT NONETHELESS BRING, AND/OR ANY AND ALL OTHER CONTROVERSIES, CLAIMS OR DISPUTES ARISING OUT OF OR RELATED TO THIS AGREEMENT OR THE INTERPRETATION, PERFORMANCE OR BREACH THEREOF, SHALL BE BROUGHT ONLY BEFORE THE COURTS IN THE STATE OF CALIFORNIA.

Printed Name of Attendee

Signature of Attendee

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent or Guardian: _____

Address: _____

Phone Number: _____

RELEASE OF LIABILITY, ENTZ BROS LLC

IN CONSIDERATION OF MY CHILD/WARD BEING ALLOWED TO PARTICIPATE IN ANY WAY IN THE ENTZ BROS LLC RELATED EVENTS AND ACTIVITIES, THE UNDERSIGNED ACKNOWLEDGES, APPRECIATES, AND AGREES THAT:

THE RISKS OF INJURY AND ILLNESS (EX: COMMUNICABLE DISEASES SUCH AS MRSA, INFLUENZA, AND COVID-19) TO MY CHILD FROM THE ACTIVITIES INVOLVED IN THESE PROGRAMS ARE SIGNIFICANT, INCLUDING THE POTENTIAL FOR PERMANENT DISABILITY AND DEATH, AND WHILE PARTICULAR RULES, EQUIPMENT, AND PERSONAL DISCIPLINE MAY REDUCE THESE RISKS, THE RISKS OF SERIOUS INJURY AND ILLNESS DO EXIST; AND,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, AND ASSUME FULL RESPONSIBILITY FOR MY CHILD'S PARTICIPATION; AND,
2. I WILLINGLY AGREE TO COMPLY WITH THE PROGRAM'S STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION. IF I OBSERVE ANY UNUSUAL SIGNIFICANT CONCERN IN MY CHILD'S READINESS FOR PARTICIPATION AND/OR IN THE PROGRAM ITSELF, I WILL REMOVE MY CHILD FROM THE PARTICIPATION AND BRING SUCH ATTENTION OF THE NEAREST OFFICIAL IMMEDIATELY; AND,
3. I MYSELF, MY SPOUSE, MY CHILD, AND ON BEHALF OF MY/OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY RELEASE AND HOLD HARMLESS ENTZ BROS LLC; ITS DIRECTORS, OFFICERS, OFFICIALS, AGENTS, EMPLOYEES, VOLUNTEERS, OTHER PARTICIPANTS, SPONSORING AGENCIES, SPONSORS, ADVERTISERS, AND IF APPLICABLE, OWNERS AND LESSORS OF PREMISES USED TO CONDUCT THE EVENT ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, OR LOSS OR DAMAGE TO PERSON OR PROPERTY INCIDENT TO MY CHILD'S INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, TO THE FULLEST EXTENT PERMITTED BY LAW.
4. I, FOR MYSELF, MY SPOUSE, MY CHILD, AND ON BEHALF OF MY/OUR HEIRS, ASSIGNS, PERSONAL REPRESENTATIVES AND NEXT OF KIN, HEREBY INDEMNIFY AND HOLD HARMLESS ALL THE ABOVE RELEASEES FROM ANY AND ALL LIABILITIES INCIDENT TO MY INVOLVEMENT OR PARTICIPATION IN THESE PROGRAMS, EVEN IF ARISING FROM THEIR NEGLIGENCE TO THE FULLEST EXTENT PERMITTED BY LAW.
5. I, THE PARENT/GUARDIAN, ASSERT THAT I HAVE EXPLAINED TO MY CHILD/WARD: THE RISKS OF THE ACTIVITY, HIS/HER RESPONSIBILITIES FOR ADHERING TO THE RULES AND REGULATIONS, AND THAT MY CHILD/WARD UNDERSTANDS THIS AGREEMENT.

Printed Name of Attendee

Signature of Attendee

If Attendee is a minor under the age of eighteen, signature of Parent or Guardian is required:

Signature of Parent or Guardian: _____

Address: _____

Phone Number: _____