

HFS Presents the Chad Owens All Star Football Camp Registration & Waiver Form

In return for being allowed to participate in the HFS Chad Owens All Star Football Camp, I release and agree not to sue, Hawaii Football School, its employees, sub-contractors, sponsors, agents and affiliates from all present and future claims that may be made by the participant, its family, estate, heirs or assigns for property damage, personal injury or wrongful death arising as a result of the participants participation in the football camp and caused by ordinary negligence of the parties listed below, wherever, or however the same may occur. I understand that HFS, and its entities are not responsible for any injury or property damage arising out of the football camp, even if caused by their ordinary negligence. I understand that participating in the football camp involves certain risk, including, but not limited to, serious injury. I am voluntarily allowing myself to participate in the football camp with knowledge of the danger involved and agree to accept all risks of such participation. I certify that I am in excellent physical health and can participate in the strenuous and hazardous physical activities, including the football exercise to be participated in the football camp. I grant to receive emergency medical treatment, if needed. I also agree to indemnify and hold harmless HFS, and its Entities from all claims arising out of participation in the football camp and all related activities. I understand the event maybe photographed, videotaped or otherwise recorded. I agree to let the above parties use my name, photo, and demographic information free of charge in any manner and for any purpose in any media now known or hereafter created. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state of Hawaii in which the camp is taking place, and agree that if any portion of this agreement is invalid, the remainder will continue in full legal force and effect. I further agree that any legal proceedings related to this waiver will take place in the state of Hawaii.

Participant Name: _____

Birth date & Age: _____ Phone: _____

Address: _____ City/Zip: _____

Parent/Guardian Name: _____ Relationship to participant: _____

T-Shirt Size: _____ Email: _____
Youth M, L Adult S, M, L, XL, XXL, XXXL

How did you hear about Chad Owens All Star Camp? _____

I, the parent(s) or legal guardian(s) believe the above information is correct.

Signature: _____ Date: _____

Mail your payment to below address: checks made payable to “**Hawaii Football School**” or “**HFS**”

Attention: HFS All Star Football Camp
PO Box 250
Aiea, HI 96701

