

Voluntary Medical Consent

I am the parent or guardian of the child named below (the "MINOR"). In consideration of allowing MINOR to participate in the activities of the JOSH SCOBEE AND CLINT INGRAM FOOTBALL CAMP (the "Activity"), I consent to MINOR's participation in the Activity and assume the risk. I know the risks involved. My consent is voluntary.

The MINOR has been examined by a physician and found to be in good health and able to participate in all activities without restriction.

If the MINOR needs routine first aid or emergency medical care, I authorize representatives of Josh Scobee (Scobee) to provide or consent to necessary treatment on my behalf. In the event that a major medical emergency or trauma requires treatment, I authorize representatives of Scobee to consent to such treatment of the MINOR on my behalf and to obtain any emergency medical care that may become necessary in my absence. I agree to be responsible for the cost of any such treatment.

I release and hold harmless the representatives, agents and employees of Scobee and all other promoters, sponsors, employees, volunteers and any others involved with the Activity, from and against any and all claims or liability arising from the provision or authorization of medical treatment to MINOR.

Photo/Video Release

I authorize Scobee to make, reproduce, broadcast, sell, license and otherwise use photographs, films, videotapes, recordings or other depictions or images in whatever form or media of me and/or MINOR in connection with MINOR's participation in the **Activity**, without compensation and for an indefinite period of time. The rights herein granted to Scobee shall also accrue to persons, firms and corporations who may hereafter acquire ownership or the right to use such depictions or images from Scobee.

Release and Assumption of Risk

I release, waive, discharge and covenant not to sue Josh Scobee or JOSH SCOBEE AND CLINT INGRAM FOOTBALL CAMP, its officers, employees, partners and members and all other promoters, sponsors, employees, advertisers, volunteers and any others involved with the **Activity** (all referred to as RELEASEES), from any claim for damage or otherwise, on account of injury to the person or property or resulting in death of the MINOR, whether caused by the negligence of RELEASEES or otherwise. I appreciate that there is physical activity involved and that injuries, including serious injuries involving paralysis and death, can occur. I assume all risks associated with the **Activity**.

I agree to indemnify the RELEASEES and to hold them harmless from any and all loss, or cost they may incur due to MINOR's participation in the **Activity**, whether caused by the negligence of RELEASEES or otherwise.

I agree that this Consent, Release and Assumption of Risk is intended to be as broad and inclusive as permitted by the laws of the State of Texas and that if any portion of this agreement is held invalid, the balance shall continue in full force and effect.

I have carefully read the above Consent, Release and Assumption of Risk and understand its contents. This Consent, Release and Assumption of Risk contains the entire agreement between the parties and the terms of this Consent, Release and Assumption of Risk are contractual.

Date _____

Signature _____

Parent/Guardian of _____

Print Name _____ **(Print Name of Minor)**