

# SEAN GILBERT PROSPECT CAMP



## PARTICIPATION WAIVER, RELEASE OF LIABILITY & MEDICAL AUTHORIZATION

**Event:** Sean Gilbert Prospect Camp

**Location:** Livingstone College – Salisbury, North Carolina

**Camp Date(s):** 6/30/2026

**Participant Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name (if under 18):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

---

## 1. ASSUMPTION OF RISK

I understand that participation in football camps and related activities includes, but is not limited to: drills, strength and conditioning exercises, agility training, competition, and other athletic activities. I acknowledge that football is a physically demanding sport that involves inherent risks, including but not limited to:

- Sprains, strains, and fractures
- Concussions and other head injuries
- Heat-related illness
- Permanent disability or death

I voluntarily assume all risks associated with participation in the Sean Gilbert Prospect Camp.

---

## 2. RELEASE OF LIABILITY

In consideration of being allowed to participate in this camp, I, on behalf of myself and/or my child, hereby release, waive, and discharge Livingstone College, its trustees, officers, employees, coaches, volunteers, representatives, agents, and camp staff from any and all liability, claims, demands, actions, or causes of action arising out of or related to any injury, illness, damage, or loss sustained while participating in the camp, except in cases of gross negligence or willful misconduct.

---

## 3. MEDICAL CLEARANCE & AUTHORIZATION

I certify that the participant is physically fit to participate in athletic activities and has no medical condition that would prevent safe participation, or that such conditions have been disclosed below:

Medical Conditions/Allergies:

---

---

Current Medications:

---

I authorize Livingstone College staff and designated medical personnel to obtain emergency medical treatment for the participant if necessary. I understand that I am responsible for any medical expenses incurred.

**Primary Insurance Provider:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

---

## 4. CODE OF CONDUCT

Participants are expected to conduct themselves in a respectful and sportsmanlike manner at all times. Livingstone College reserves the right to dismiss any participant for misconduct, unsafe behavior, or failure to follow instructions, without refund.

---

## 5. PHOTO & MEDIA RELEASE

I grant permission to Livingstone College to use photographs, video recordings, or other media of the participant taken during the camp for promotional, recruiting, educational, or marketing purposes without compensation.

- Yes
  - No
- 

## 6. ACKNOWLEDGMENT

I have read this Waiver and Release of Liability in full. I understand its terms and acknowledge that I am signing it freely and voluntarily.

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature (*Required if under 18*):

---

Date: \_\_\_\_\_