

**WAIVER/RELEASE FORM
2025 NORTHERN WEST VIRGINIA SUMMIT**

I. PARENTAL CONSENT

I, the parent or legal guardian of (Child Name) _____, a participant in the 2025 Northern West Virginia Summit, does hereby grant permission for his/her participation in any and all camp activities.

* Initials: _____

II. RELEASE FROM LIABILITY

I agree to assume all risks and hazards incidental to participation in a conditioning camp. I do hereby waive, release, absolve, indemnify, and agree to hold harmless, Coalfields & Co., Doddridge County High School, Doddridge County High School administration, and all camp coaches, sponsors, volunteers, and/or participants, for any claim arising out of injury to my child, whether the result of negligence or any other cause.

* Initials: _____

III. MEDICAL RELEASE

Because your child is involved in an active conditioning camp, there may be an occasion when an injury occurs that requires medical treatment, and we need to contact you. This situation may occur before, during, or after our conditioning camp while at our site. Please provide your contact information in case of emergency below.

Participant: _____ Date of Birth: _____

Parent or Guardian Name: _____

Primary Telephone #: _____ Work #: _____

*Initials: _____

IV. PHOTO/VIDEO RELEASE

I give permission for capture and use of photographs/video of my child at the 2025 Northern West Virginia Summit. These images may be used in promotional materials and event coverage. I release Coalfields & Co. from any liability associated with these images and understand I will not receive compensation for use of these images.

*Parent Initials: _____ *Student-Athlete Signature: _____

I HEREBY ACKNOWLEDGE BY MY SIGNATURE THAT I HAVE READ, UNDERSTOOD, ACCEPTED, AND AGREED TO THE TERMS OF THIS DOCUMENT.

[PRINT] Parent or Legal Guardian

[SIGNATURE] Parent or Legal Guardian

Date

[PRINT] Student-Athlete

[SIGNATURE] Student-Athlete

Date