

# **FALCON STRENGTH FAMILY BOOTCAMP**

Please print all information below

Name Please print	
Street Address & zip	
Phone Number	
Email Address	
Emergency contact	
signature	
Date	
Name of Insurance Company	

**Please Read and Signature above verifies you have read and understand hold harmless agreement as well as to parental consent:**

It is my policy to secure consent for medical treatment. In case of illness or injury, permission is granted to treat the participant at any appropriate medical facility. By signing you are giving your consent in advance for medical treatment. Furthermore, as a participant in this camp, I hereby state that I am aware of and accept the risk inherent in the program activity. The below signed does hereby agree to hold harmless and indemnify Micah Kurtz, Assistants, A. C. Flora High School, Richland One, their offices, agents and employees, from any and all liability, loss, damage, costs, or expenses which are sustained, incurred, or required arising out of the actions of my dependent in the course of the camp.

Medical Concerns or Allergies: (please list below)

Please make checks payable to Micah Kurtz

Mailing address:

Micah Kurtz

5225 Clemson Ave #124

Columbia, SC 29206

OR

Payments can be made directly online at:

[www.TheAthleteMaker.com](http://www.TheAthleteMaker.com)