

**2023 Manning Passing Academy**  
June 22-25 | [www.manningpassingacademy.com](http://www.manningpassingacademy.com)

First name: \_\_\_\_\_ Last name: \_\_\_\_\_  
Camper's email: \_\_\_\_\_ Camper's phone: \_\_\_\_\_  
Street address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

School attending in 2023: \_\_\_\_\_

Camper's grade in **September of 2023**?:  8  9  10  11  12  
Position - critical for grouping. **Choose one**:  QB  RB  WR  TE

T-shirt size:  S  M  L  XL  XXL

Emergency contact: \_\_\_\_\_  
Email address: \_\_\_\_\_ Phone number: \_\_\_\_\_

List any medications camper is currently taking, allergies, past surgeries, hospitalizations, or medical issues:

\_\_\_\_\_

**Insurance Information** (must be completed in full or application will not be processed)

Medical Insurance Company: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Group #: \_\_\_\_\_ I.D. #: \_\_\_\_\_

**Camper Status (check one)**

Overnight Camper - \$850.00

Day Camper - \$650.00

Roommate: \_\_\_\_\_

*Roommates must mutually agree and only 2 campers per room.*

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**Payment Method (check one)**

- Check                       Money Order                       Credit card

**Payment Amount (check one)**

- I am paying a NON-REFUNDABLE DEPOSIT ONLY - \$100 (Balance Due No Later Than May 1)  
 I am paying IN FULL - \$850.00 or \$650.00

Cardholder's Name (print): \_\_\_\_\_ Phone: \_\_\_\_\_

Card Number: # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVVC \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_

\*A non-refundable deposit of \$100.00 must accompany this application. Make check or money order payable to:  
**Manning Passing Academy** (all checks or charges returned NSF will be assessed a \$30 fee).

Return Application with \*\$100 **NON-REFUNDABLE** Deposit Payable to:  
Manning Passing Academy

**MAIL TO:**

Manning Passing Academy  
PO Box 10161  
Eugene, OR 97440

**FAX TO:**

(541) 225-5146 (*secure line*)

\*Application will not be accepted without non-refundable deposit (**NO EXCEPTIONS**)

# 2023 Manning Passing Academy

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**Parents or legal guardian and participant must read and sign the following release in order to register and participate in the Manning Passing Academy.**

In consideration of being allowed to participate the Manning Passing Academy, Inc. football camp ("MPA") and being allowed to take part in any 2023 MPA event or activity ("Activity") and enter or use any field, facility, dorm, dining hall, or other building ("Premises") in connection with participation in the MPA football camp, I agree to the terms and conditions set forth in this agreement ("Agreement").

1) I am aware of the highly contagious nature of bacterial and viral diseases, including the 2019 novel coronavirus disease (COVID-19), and the risk that I may be exposed to or contract an infectious disease by being on Premises and/or engaging in an Activity. I understand and acknowledge that such exposure or infection may result in serious illness, personal injury, disability, death, or other damage. I acknowledge that this risk may result from or be compounded by the presence of other people and the actions, omissions, or negligence of myself and others, including but not limited to: MPA staff, University employees, medical staff, volunteers, program participants, their families and spectators. I understand that MPA has implemented measures in an attempt to reduce the spread of COVID-19, but cannot guarantee a virus-free environment or that I will not become infected with COVID-19 or other infectious disease while on the Premises or engaged in Activity.

NOTWITHSTANDING THE RISKS, I ACKNOWLEDGE THAT I AM VOLUNTARILY ENTERING THE PREMISES TO ENGAGE IN MPA ACTIVITY WITH KNOWLEDGE OF THE RISKS INVOLVED. I AGREE TO ACCEPT AND ASSUME ALL RISKS OF PERSONAL INJURY, ILLNESS, DISABILITY, DEATH OR PROPERTY DAMAGE FROM MY BEING ON THE PREMISES OR ENGAGING IN ANY MPA ACTIVITY.

2) I hereby expressly waive and release any and all claims against MPA and its officers, employees, agents, and assigns (collectively, "Releasees"), on account of injury, illness, disability, death or property damages arising out of or attributable to my being on Premises or engaging in Activity and being exposed to or contracting COVID-19 or other infectious disease. I covenant not to make or bring any such claim against MPA or any other Releasee and forever discharge all Releasees from liability under such claims.

3) I have current health insurance, will ensure it, or replacement policy, remains active during my participation in the MPA football camp. In addition, I will comply with all public health orders, directives, and guidelines regarding disease prevention while on the Premises, including, without limitation, requirements related to hand sanitation, social distancing, cough/sneeze etiquette, and use of face coverings. In the event I am experiencing symptoms of COVID-19 or other infectious disease, or have come in contact in the last 14 days with a person who has been confirmed or suspected of having COVID-19 or other infectious diseases, I will contact MPA office administrative personnel immediately and follow the recommended action plan based upon the circumstances.

4) I understand and agree that this release includes any claims based on the actions, omissions, or negligence of the MPA, its employees, agents, and representatives, whether a COVID-19 or other injury or illness occurs before, during, or after participation in the Manning Passing Academy.

5) FOR PARENTS/GUARDIANS OF MINORS (UNDER AGE 18). I, as parent/guardian with legal responsibility for the minor participant in the MPA football camp, hereby certify that I have read and explained the provisions of this waiver/release to my child/ward including the risks of presence at the Premises and participation in the Activity and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. I further certify that my child/ward will have active health insurance coverage during the child/ward's participation period in the MPA football camp, and has no medical or emotional issues which may affect their ability to safely participate in the camp. My child/ward understands and accepts these risks and responsibilities. I for myself, my spouse/partner, and child/ward do consent and agree to his/her release provided above as well as authorize the MPA and its training staff to obtain and/or administer any medical care or treatment deemed necessary. Further, I for myself, spouse/partner, do hereby release and agree to indemnify and hold harmless the Releasees from and against any and all injuries, illnesses, losses, damages, liabilities, costs, and expenses arising out of or resulting from any claim by or on behalf of my minor child/ward or of a third party related to participation in the Activity or being on the Premises, to the fullest extent permitted by law.

6) This Agreement constitutes the sole and entire agreement of the parties with respect to the subject matter and supersedes all prior and contemporaneous understandings, agreements and representations, both written and oral. If any term or provision of this Agreement is invalid, illegal or unenforceable, such validity, illegality or unenforceability shall not affect any other term or provision in any other jurisdiction. The laws of the State of Louisiana shall govern all matters arising out of or relating to the Agreement without giving effect to any choice or conflict of law provision or rule.

7) I give my permission to MPA to utilize any camp video or photos that may include the participant for any commercial use that the MPA (or its partners and sponsors) chooses to market and promote the football camp. Additionally, you have my consent to provide our email addresses and contact information to official Manning Passing Academy sponsors and partners for the purposes of contacting you to market and promote their products and services.

Legal guardian: \_\_\_\_\_  
Name and relationship Signature Date

Participant: \_\_\_\_\_  
Name Signature Date