
WCBDD AND BGSU FOOTBALL CLINIC

Release of Liability:

By signing below, I agree to hold harmless & release The Wood County Board of Developmental Disabilities, Bowling Green State University, Bowling Green State University Athletics, Bowling Green State University Football, all coaches, all directors, all players, officials, sponsors, and other participants from any & all liability related to this clinic. The Wood County Board of Developmental Disabilities reserves the right to use photographs for any promotional materials including social media.

Print Participant Name: _____

Participant Signature: _____

Print Guardian Name: _____

Guardian Signature: ***Required for all minor participants and adults with guardians.**

Participants must have a completed waiver on June 18th, 2024 to participate.