

**EXHIBIT B**  
**Acknowledgment of Risk Form**  
**for**  
**Participants of Sports Camps**

Name of Camp: \_\_\_\_\_

Dates of Camp: \_\_\_\_\_

As a potential participant of the Montana Football Camps, I could possibly sustain injuries no matter how well conditioned I may be. Depending on the nature of the sport, injuries may be minor to fatal in nature. Some specific injuries that may be sustained by participants in physical activity associated with sports such as this one are as follows: stoppage of breathing, spine and neck injuries (either of which could result in paralysis), concussion, heart failure, broken legs, feet, ankles, toes or other bones, heat stroke, heat cramp, heat exhaustion, stroke, convulsion, unconsciousness, abrasions to limbs such as arms, legs and head, fainting, sudden illness, cramps, and loss of wind.

Physical contact poses risks in Montana Football Camps activities as well, even though it occurs regularly as an accepted part of the sport. The propensity for major injuries, such as injuries to the spinal column, broken bones, concussion and internal injuries to major organs increases in relation to the force of impact upon contact or collision. I understand the risk of injury due to the force of a collision. I realize that if I have physical problems such as a heart condition, hypertension, orthopedic problems, or other medical problems, I should consult a physician concerning any limits to my activity.

I agree to comply with all camp rules and regulations, including those given verbally and in writing. I also agree to participate in safety meetings and the presentation of any safety material, such as a video on safety, which are designed and offered to promote safety in all camp activities.

Knowing the inherent risks, dangers and rigors involved in the activities in which I choose to participate at this camp, I certify that I am fully capable of participating in the activities offered.

I certify that I have read this ACKNOWLEDGMENT OF RISK Form and understand all of its terms.

Signature of Participant : \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signature of Participant's Legal Guardian: \_\_\_\_\_  
(if participant is under the age of 18)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_