

LIABILITY RELEASE
SAN DIEGO STATE UNIVERSITY
Steve Fisher Basketball CAMP

IMPORTANT DOCUMENT – READ BEFORE SIGNING
PARENT/GUARDIAN RELEASE OF LIABILITY AND INDEMNITY
FOR MINOR CHILD'S PARTICIPATION IN PROGRAM

In consideration of (PRINT NAME) _____,
my minor child or legal ward (my "Child"), being allowed to participate in the
San Diego State University Steve Fisher Basketball Camp, and related
events and activities, the undersigned hereby acknowledges and agrees as
follows:

1. The activities of this program may have significant risk of injury, including
potential permanent paralysis and death. Rules, equipment and personal
discipline are designed to reduce the risk. However, there is always a risk of
serious injury.

2. I will instruct my Child to comply with the rules governing participation in
this program. If I have any concern about my Child's ability to participate in
the program, or about the program itself, I will remove my Child from
participation and immediately inform the nearest program official of my
concern.

3. I, for myself and my Child, and for all heirs, assigns, personal
representatives, and next of kin of myself and/or my Child, HEREBY
RELEASE San Diego State University and San Diego State University
Foundation, their officers, officials, agents, volunteers and employees, the
San Diego State Steve Fisher Basketball Camp staff and volunteers, other
program participants, sponsors, and sponsoring agencies of the program,
and owners and lessors of any premises used to conduct the program
("RELEASEES") FROM ANY LIABILITY FOR ANY INJURY, DISABILITY OR
DEATH OF THE MINOR, LOSS OR DAMAGE TO PROPERTY ARISING
OUT OF THE PARTICIPATION OF THE MINOR IN THE PROGRAM TO
THE FULLEST EXTENT PERMITTED BY LAW.

4. I HEREBY ASSUME ALL RISKS OF INJURY, known and unknown, to my
Child arising from participation in the program, AND ASSUME FULL
RESPONSIBILITY FOR PARTICIPATION OF MY CHILD.

5. I, for myself and for my Child, and for all of the heirs, assigns, personal
representatives, and next of kin of the Minor, HEREBY INDEMNIFY AND
HOLD FREE AND HARMLESS THE RELEASEES FROM ALL LIABILITIES,
LOSS, DAMAGE, COSTS AND ALL OTHER CLAIMS FOR EXPENSES
ASSERTED AGAINST THE RELEASEES WHICH MAY ARISE FROM
INJURIES TO PERSONS (I.E. MINOR CHILD) OR PROPERTY
OCCASIONED BY ATTENDANCE AT OR PARTICIPATION IN THIS
CAMP; EVEN IF ARISING FROM THE SOLE NEGLIGENCE OF THE
RELEASEES, TO THE FULLEST EXTENT PERMITTED BY LAW.

I HAVE READ THIS DOCUMENT IN ITS ENTIRETY, FULLY
UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE WAIVED
SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY,
VOLUNTARILY, AND WITHOUT ANY INDUCEMENT.

SIGNATURE OF PARENT OR
GUARDIAN _____ DATE _____

NAME (PLEASE PRINT) _____

MINOR'S STATEMENT OF ACKNOWLEDGEMENT OF RISK

I understand the activities involved in this program may be dangerous and
that I could be seriously hurt, paralyzed or even killed. I believe that I am
physically and mentally able to participate fully in this program. However, if I
sense any change in my physical or mental condition, I will stop participating
immediately and inform the nearest official.

**I HAVE READ THE PARAGRAPH ABOVE, UNDERSTAND AND AGREE
WITH WHAT I HAVE READ, AND CHOOSE TO SIGN THIS STATEMENT.
I WILL ACCEPT ALL RISKS OF BEING HURT KNOWN AND UNKNOWN,
AND TAKE FULL RESPONSIBILITY FOR MY BEHAVIOR.**

MINOR PARTICIPANT'S SIGNATURE _____

DATE _____

NAME (PLEASE PRINT) _____

MEDICAL CONSENT FORM

NAME OF PARTICIPANT _____

AGE: _____

ADDRESS: _____

CITY/STATE: _____ ZIP: _____

TELEPHONE NUMBERS:

HOME (_____) _____

WORK (_____) _____

Does your child have any severe medical problems, i.e. asthma, allergy to
medications, allergy to bee stings, heart trouble, epilepsy, diabetes, physical
handicaps, etc.? Please specify:

Should there be any limits on his physical activity? If so, what are
they? _____

Has your child had any serious illness in the last three years? If yes, please
explain: _____

May we contact the doctor for medical reports? YES _____ NO _____

In case of emergency, person to contact if parent/guardian cannot be
reached?

Name _____ Address _____

City, State, Zip _____ Telephone _____

What relationship is this person to the program
participant? _____

Is the participant covered by medical insurance? YES _____ NO _____

If yes, what kind? Medi-Cal _____ Kaiser _____

Other _____

Please provide medical coverage information (Medi-Cal card number, Kaiser
card number, or other insurance claim form).

When was the last time your son had a complete physical examination?

Date _____ Doctor's Name _____

Address _____

City, State, Zip _____

Telephone _____

I do hereby authorize the performance of medical examinations and
necessary treatments (including tests, x-rays, drugs, etc.) as may be
deemed advisable for the period of time that my minor child or legal ward is
enrolled as a participant in the Aztec Football Technique Camp. If an
emergency arises requiring a major medical procedure, the program will
attempt to reach me and to be guided by my wishes, but if I cannot be
reached, I authorize the attending physician to act as medical judgment may
dictate.

PARENT/GUARDIAN SIGNATURE _____

DATE _____