

**UNIVERSITY OF SAN DIEGO SUMMER SPORTS CAMPS
AGREEMENT AND RELEASE OF LIABILITY**

Activity: University of San Diego Sports Camps

Date: Summer 2010

Location: Can be single or multiple locations, on and/or off the USD campus (see Camp Information)

Camper's Name _____ **Age** _____

Address _____

City _____ **State** _____ **Zip** _____

Camp Enrolled In: _____ **Dates of Camp:** _____

The camper ("Camper") should complete this Agreement and Release of Liability ("Agreement") if Camper is age 18 or older. Camper's parent or legal guardian should complete and sign this Agreement if Camper is under age 18.

I, the undersigned (or parent/guardian, if Camper is under 18 years old), understand that this is a legally-binding agreement and release of liability of the University of San Diego (USD).

I/Camper requests permission to participate in the USD Summer Sports Camp identified above. In consideration of permission being granted to me/Camper to participate in the camp activities, I agree as follows:

1. **Voluntary Activity** I understand and agree that my/Camper's participation in the camp activities is purely voluntary and is not required by USD.
2. **Release of Liability** I, on behalf of myself/Camper, my/Camper's heirs, personal representatives, guardians, successors, and assigns, hereby release USD and its administrators, faculty, trustees, officers, directors, employees, volunteers, coaches, athletic trainers, team physicians, and agents, as well as any other organization through which Camper is participating in the camp activities and their respective employees and agents (all of whom are referred to as "Releasees") from, and agree not to sue Releasees, for any claims, loss, liability, demands, causes of action, costs, expenses (including but not limited to attorneys' fees), damages or suits of any type, whether in law or in equity, that I/Camper may have arising from, or relating in any way (directly or indirectly) to my/Camper's participation in the camp activities, including without limitation any physical, emotional or mental injury or property damage that I/Camper may suffer as a result of my/Camper's participation in the camp activities, to the maximum extent permitted by law.
3. **Acknowledgment of Risk** I recognize and appreciate the dangers, hazards, and risks associated with participation in the camp activities. I understand that the dangers, hazards, and risks of the camp activities could include serious or even fatal injuries and property damage. I acknowledge that I have fully considered the dangers, hazards, and risks associated with my/Camper's participation in the camp activities, and voluntarily assume those dangers, hazards, and risks. I give my consent and approval for my/Camper's participation in the camp activities.
4. **Emergency Medical Treatment** I understand and agree that USD does not have medical personnel available at the location of the camp activities. I hereby grant USD permission to authorize emergency medical treatment, if necessary, and to transport me/Camper to an appropriate facility to receive emergency medical treatment, and that such action shall be subject to the terms of this Agreement. I understand and agree that USD assumes no responsibility for any injury or damages which might arise out of, or in connection with, such authorized emergency medical treatment.
5. **Fitness to Participate** I hereby represent that I am/Camper is physically and mentally able to participate in the camp activities and that I have/Camper has no health problems or physical or mental conditions that would present a risk to me/Camper or to others.
6. **Insurance** I represent that I am/Camper is covered by a comprehensive medical plan (health insurance) necessary to provide and pay for any and all medical costs (including but not limited to transportation costs associated with obtaining medical care) and/or I will assume all responsibility for medical costs incurred as a result of illness and/or as a result of my/Camper's participation in the camp activities. I agree to pay for any costs related to my/Camper's medical treatment that are not covered by insurance or if I/Camper has no medical insurance.
7. **Photographs** I consent to the use by USD of any photographs of me/Camper for publicity, promotion, advertising or other legitimate purposes.
8. **Torero Dollars** Any money purchased toward Torero Dollars at time of registration will not be refunded if not used at the Camp Store during time of camp. Money can not be applied toward another camp year nor toward a camp registration and must be spent during the 2008 Summer Sports Camp.

I acknowledge that I have carefully read this Agreement and fully understand its contents. I acknowledge that I am voluntarily executing this Agreement of my own free will after having the opportunity to consult with legal counsel of my own choosing. I understand that this Agreement means I am/Camper is giving up, among other things, rights to sue USD and Releasees for injuries, damages or losses I/Camper may incur. I also understand that this release binds me/Camper, as well as my/Camper's heirs, executors, administrators, and assigns. I further acknowledge and understand that this Agreement will absolve and release the University of San Diego and Releasees from any liability in connection with any injury or harm suffered as a result of my/Camper's participation in the camp activities. I acknowledge that I have been made aware of any and all risks of participation in the camp activities.

I have read and understand that this Agreement is a release of legal rights and claims.
Signature (if over age 18) _____ Date _____

I further state that I am the Camper's parent/guardian, and am fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending for myself, for the Camper, and for the Camper's family, estate, heirs, administrators, personal representatives, or assigns to be bound by same.

Parent/Guardian Signature _____ Date _____
(required if under 18 years of age)

Parent/Guardian Name (please print) _____ Phone _____



University of San Diego

SPORTS CAMPS MEDICAL/ INSURANCE INFORMATION

This form is required for participation in University of San Diego Sports Camps

CONTACT/ CAMPER INFORMATION

<u>CAMPER'S LAST NAME:</u>	<u>CAMPER'S FIRST NAME:</u>	<u>CAMPER'S GENDER:</u> MALE FEMALE	<u>CAMPER'S DATE OF BIRTH:</u>	<u>CAMPER'S AGE:</u>
<u>PARENT/ GUARDIAN:</u>			<u>PARENT/ GUARDIAN PHONE NUMBER(S):</u> CELL:	
<u>ADDRESS:</u>			WORK:	
			HOME:	
<u>ALTERNATE EMERGENCY CONTACT:</u>			<u>ALTERNATE EMERGENCY CONTACT NUMBER:</u>	
IS THE CAMPER INSURED? YES NO		<u>NAME OF MEDICAL PLAN:</u>		<u>PHONE NO.:</u>
TYPE OF MEDICAL PLAN: HMO PPO POS OTHER		<u>SUBSCRIBER'S NAME:</u>		<u>POLICY/ GROUP NO.:</u>
<u>NAME OF LOCAL PHYSICIAN:</u>			<u>TELEPHONE OF LOCAL PHYSICIAN:</u>	

CAMP ENROLLMENT INFORMATION

<u>CAMP #1:</u>	<u>DATE(S):</u>
<u>CAMP #2:</u>	<u>DATE(S):</u>
<u>CAMP #3:</u>	<u>DATE(S):</u>

HEALTH HISTORY INFORMATION

IF YOU ANSWER YES TO ANY OF THE QUESTIONS BELOW: PLEASE EXPLAIN IN DETAIL

1. IS THE CAMPER CURRENTLY UNDER A DOCTOR'S CARE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
2. HAS THE CAMPER RECENTLY HAD SURGERY OR BEEN HOSPITALIZED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
3. DOES THE CAMPER CURRENTLY HAVE ANY MEDICAL CONDITIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
4. IS THE CAMPER CURRENTLY TAKING ANY MEDICATION(S)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
5. DOES THE CAMPER HAVE ANY DIETARY RESTRICTIONS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
6. DOES THE CAMPER HAVE ANY ALLERGIES?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
7. DOES THE CAMPER HAVE ASTHMA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
8. CAMPER'S OTHER CONDITION(S) THAT MAY AFFECT PARTICIPATION?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

NON-PRESCRIPTION MEDICATION

INDICATE THE OVER-THE-COUNTER MEDICATIONS (GENERIC FORMS) YOU AUTHORIZE THE STAFF TO ADMINISTER AS NEEDED

TYLENOL <input type="checkbox"/> YES <input type="checkbox"/> NO	COUGH DROPS <input type="checkbox"/> YES <input type="checkbox"/> NO	PEPTO-BISMOL <input type="checkbox"/> YES <input type="checkbox"/> NO
IBUPROFEN <input type="checkbox"/> YES <input type="checkbox"/> NO	BENADRYL <input type="checkbox"/> YES <input type="checkbox"/> NO	SUDAFED <input type="checkbox"/> YES <input type="checkbox"/> NO

AUTHORIZATION FOR TREATMENT

THE INFORMATION PROVIDED IS CORRECT, AND THE PERSON HEREIN DESCRIBED HAS PERMISSION TO ENGAGE IN ALL CAMP ACTIVITIES AS NOTED. I HEREBY GIV PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY THE UNIVERSITY OF SAN DIEGO TO EVALUATE ANY INJURIES/ ILLNESSES, ADMINISTER FIRST-AID AND MAKE REFERRALS FOR FURTHER CARE AS DEEMED NECESSARY. IN THE EVENT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GRANT PERMISSION TO THE USD MEDICAL STAFF AND PROVIDERS TO SECURE AND ADMINISTER TREATMENT, INCLUDING HOSPITALIZATION FOR THE ABOVE SPECIFIED PERSON. I FURTHER UNDERSTAND THAT I WILL BE RESPONSIBLE FOR ANY MEDICAL COSTS INCURRED OR NOT COVERED BY INSURANCE

PARENT/GUARDIAN OR ADULT CAMPER SIGNATURE:

DATE: