

**LIABILITY RELEASE**

This is a legally binding Camp Liability Release (“Release”) executed by \_\_\_\_\_ (“Camper”) and (if Camper is less than eighteen (18) years of age) \_\_\_\_\_ (“Parent/Guardian”) for the benefit of Carolina Soccer Camps and the University of North Carolina at Greensboro.

In consideration of the Camper being permitted to participate in the camp, Camper and Parent/Guardian do release, waive, forever discharge, and covenant not to sue the University of North Carolina at Greensboro, its governing board, officers, agents, employees, staff, volunteers, and the Camp, from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature which Camper, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Camper or by any property belonging to me, while Camper is in, on, upon or in transit to or from the premises where the camp, or any adjunct to the camp, occurs or is being conducted.

Camper and Parent/Guardian have signed this Release in full recognition and appreciation of the dangers, hazards, and risks or such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage. Camper and Parent/Guardian further attest they have fully discussed the aforementioned risks and hazards, and agree that Camper has individually assumed the risks involved with this camp as witnessed below.

Camper and Parent/Guardian agree to save and hold harmless, indemnify, and defend Releases from any claim by Camper or Camper’s family, arising out of Camper’s participation in the camp.

In signing this Release, Camper and Parent/Guardian acknowledge and represent that they have read and fully understand this Release before signing it, and are signing this Release their own free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. Camper and Parent/Guardian further state that they are fully competent to sign this Release, and do so for full, adequate, and complete consideration fully intending to bind the Camper and the Camper’s estate, heirs, administrators, personal representatives, and assigns.

**THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.**

**Camper Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**IF CAMPER IS LESS THAN 18 YEARS OF AGE, PARENT OR GUARDIAN MUST ALSO SIGN:**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

CAMP MEDICAL FORM/PARENTAL CONSENT WAIVER

This form must be completed and signed by the camper's parent or legal guardian. Please print clearly.

SPORT CAMP/CLINIC: \_\_\_\_\_ SPORT CAMP/CLINIC DATES: \_\_\_\_\_

CAMPER INFORMATION

NAME: \_\_\_\_\_ D.O.B.: \_\_\_/\_\_\_/\_\_\_
ADDRESS: \_\_\_\_\_ AGE: \_\_\_\_\_
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ GRADE: \_\_\_\_\_
HOME PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ GENDER: [ ] M [ ] F
EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

MOTHER'S NAME: \_\_\_\_\_ FATHER'S NAME: \_\_\_\_\_
WORK NUMBER: (\_\_\_\_) \_\_\_\_\_ WORK NUMBER: (\_\_\_\_) \_\_\_\_\_
CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ CELL PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_
BACKUP EMERGENCY CONTACT: \_\_\_\_\_ PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_
RELATION TO CAMPER: \_\_\_\_\_

MEDICAL HISTORY INFORMATION

DOES THE CAMPER HAVE ANY OF THE FOLLOWING? IF YES, PLEASE DESCRIBE.

- 1. KNOWN DRUG ALLERGIES? [ ] NO [ ] YES
2. FOOD ALLERGIES? [ ] NO [ ] YES
3. ALLERGIES TO INSECTS? [ ] NO [ ] YES
4. ASTHMA? [ ] NO [ ] YES
5. ARE THERE ANY MEDICAL CONDITIONS WE SHOULD BE AWARE OF? [ ] NO [ ] YES
6. IS THE CAMPER CURRENTLY TAKING ANY MEDICATIONS? [ ] NO [ ] YES

IF YES, PLEASE LIST ALL MEDICATIONS AND SPECIFY ANY THAT NEED TO BE TAKEN DURING CAMP. \_\_\_\_\_

INSURANCE POLICY INFORMATION

IS THE CAMPER CURRENTLY COVERED BY HEALTH INSURANCE? [ ] YES [ ] NO

IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:

HEALTH INSURANCE PROVIDER: \_\_\_\_\_

NAME OF POLICYHOLDER: \_\_\_\_\_

POLICY NUMBER: \_\_\_\_\_

**PERMISSION TO TREAT & MEDICAL AUTHORIZATION**

PLEASE CHECK **ONE** OF THE FOLLOWING AND SIGN BELOW.

- I, \_\_\_\_\_, parent or guardian of the child named above, give consent for my child to attend (camp/clinic name). As parent/guardian, I understand that my child's participation will include strenuous aerobic exercises, as well as great deal of excitement in connection with the camp program. I acknowledge that injuries may occur as a result in the participation in this camp/clinic, and I accept that consequence. I have advised our family physician that my child wishes to participate in (camp/clinic name), and our physician has approved of this participation.

I hereby authorize the (camp/clinic name) medical staff or other appropriate (camp/clinic name) personnel to provide first aid, emergency medical care, or if necessary, admission to an accredited hospital, when such care is necessary for the treatment of any injuries my child may sustain while participating in any activity associated with (camp/clinic name).

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

- I DO NOT** want any type of medical treatment provided to my child.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_