

Southern Minnesota Throwers Camp Liability Release Form 2018

This form must be read and signed prior to camp participation.

Camper Name: _____

Parent/Guardian Name: _____

Allergic reactions? No_____ Yes_____ If yes, what (drugs, food, asthma)

Taking any medications?

No_____ Yes_____

If yes list: _____

Father's Work or Cell Phone: _____

Mother's Work or Cell Phone: _____

Other Emergency Contact: Name: _____

Phone #: _____

Your Insurance company: _____

Policy #: _____

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness during the camp. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's insurance coverage policy.

I/We, the undersigned, for ourselves and as guardian(s) of

_____ understand that running/training is an active, physical sport, and that injuries can take place during play. I/We understand that, as with any sport, injuries occur, and we hereby acknowledge that our child is physically fit and mentally capable of participation in running and camp activities. I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

In consideration for my child being permitted to participate in the *Southern Minnesota Throwers Camp*, related events and activities, the undersigned acknowledge and agree that: as the natural parent and/or as the legally authorized guardian, to hereby for myself, my spouse, my child, and on behalf personal representatives, agree not to sue and hereby release, waive, discharge, hold harmless the *Southern Minnesota Throwers Camp* coaching staff, the Gustavus Athletics Department, individually and collectively, its officers, employees, agents, and directors, for any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, and any consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my child or me arising out of or in any way associated with my child's participation in the *Southern Minnesota Throwers Camp*.

I also consent to allow pictures of my child in camp activities to be posted on the camp website and brochure (no identification will be provided).

Parent/Guardian Signature/s _____

Date: _____