Shepherd University Athletics CAMP AND CLINIC PARTICIPATION WAIVER (MINOR)

NAME OF CAMP OR CLINIC: SPORT:

Shepherd University requires acknowledgement/agreement of the information below. Please read and sign that you understand/accept the risk involved with participating in an athletic camp or clinic hosted by any Shepherd University coach or staff member.

The undersigned, ________ (hereafter The Parent), being The Parent of a minor child less than 18 years old, desires and authorizes his/her child (hereafter the Camper) to participate in a camp or clinic conducted by the Athletics Department at Shepherd University. The Parent acknowledges that he/she has chosen to direct the Camper to participate in the University's camp or clinic, which may include indoor or outdoor athletic activity; that the outdoor field activities will occur on miscellaneous fields, courts, or paved surfaces on or near the University campus, which may be in varying conditions as to the grade, grass, frequency of rock in the top soil, etc.; that a variety of other Campers will be participating in the camp or clinic, whose conduct cannot be fully controlled by the University; that The Parent and the Camper wish to participate in such experiences, and that they are advised that exposure to certain risks of physical injury may be associated with any of these athletics experiences due to all of these factors. The Parent acknowledges that Shepherd University has no means of fully controlling such risks and The Parent and the Camper do hereby assume such risks. The Parent and the Camper further acknowledge that they are cautioned and instructed by Shepherd University to carefully obey all instructions of supervising personnel during the course of the athletics experience. The Parent acknowledges that the University does not provide accident or medical insurance coverage for participating in the camp or clinic.

Since the camp does not provide medical insurance for campers, it will be the responsibility of the Parent to pay for all off-site medical treatments that may be needed. The Parent has reviewed the information relating to the camp or clinic and certifies that the Camper is in good physical condition and can participate in Shepherd University's sports camp or clinic. If this camp or clinic includes overnight stays, The Parent acknowledges that The Camper will not have 1:1 adult supervision and that it is reasonable to have the Camper stay overnight on the campus.

In consideration of the willingness of Shepherd University and its assigned faculty and staff to permit the Camper to participate in such athletics experience. The Parent does by his/her signature below waive any claims which may now exist or which may arise in any relation to the University Athletics department and the camp or clinic, and does release Shepherd University and its employees, officers, and agents from same.

Name of Camper (Printed)	// Date of Birth of Camper		Age of Camper
Permanent Address of Camper (Street, City, State and Zip))		
Emergency Contact Number and Name of Contact		Known Allergies	
Family Physician and Phone Number		Currently Prescri	bed Medications
Primary Insurance Company:			
Insurance CO. Address (street, city, state, zip): _ Insurance CO. Phone Number: Is this an HMO? Yes No Effective Dates://to	ID Number: Is this a PPO? □ Yes		Group Number:
Parent/Guardian Signature		/ Date of Signature	/
Parent/Guardian Printed Name			

AUTHORIZATION AND CONSENT OF PARENT(S) OR LEGAL GUARDIAN(S) FOR TREATMENT

I do hereby state that I have legal custody, or otherwise the legal authority over medical care, of the aforementioned Minor, The Camper. I grant my authorization and consent for Shepherd University Athletics Training Staff or Camp Director to administer general first aid treatment for any minor injuries or illnesses experienced by the Camper. If the injury or illness is life threatening or invasively traumatic or otherwise in need of physician treatment, I authorize the University Athletics Training Staff or Camp Director to summon any and all professional emergency personnel to attend, transport, and treat the minor and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of the University Athletics Training Staff or Camp Director in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. It is further understood that University Athletics Training Staff or Camp Director will make continuing efforts to contact the authorizing custodial parent/guardian and will make every reasonable effort to empower decision-making of the custodial parent, as circumstances allow.

This authorization is effective through the last day of ______ camp.

Parent/Guardian Signature

____/___/____ Date of Signature

Parent/Guardian Printed Name