

# High School Summer Camps

## Waiver/Registration of Coverage for Waldorf Camps/Clinics

**ALL** participants must complete the below waiver and insurance form. No participation in any of the sessions will be allowed without this waiver form completely filled out and signed.

**Participant's First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

Please print

Acknowledgement/Assumption of Risk & Release of Liability Form. This is a release of legal rights—Read carefully and understand before signing.

I, hereby acknowledge that I have voluntarily applied to participate in the following athletic camp for Waldorf University. Due to the nature of the physical strain, contact, and/or collisions that are part of athletic participation, I understand the risk of serious physical injury, including catastrophic injury does exist. I understand that the dangers and risks include, but are not limited to, death, serious head, neck, and spinal injuries, upper and or lower extremities and well-being. I also understand that other participants, the coaching staff, board certified athletic trainer(s), officials, spectators, and/or voluntary/contracted health care providers could possibly engage in conduct, including negligent conduct that may increase the risk of injury to me.

**ASSUMPTION OF RISK:** I Hereby knowingly assume responsibility for any and all such risks and any and all resulting injuries, disease, illness or damage to my person arising from traveling to, participation in, or returning from any event or program related to the aforementioned camp. I do hereby voluntarily choose to participate in Warrior Volleyball Club athletic camp in spite of the inherent risks.

**MEDICAL INFORMATION:** I attest that I am physically and mentally fit and sufficiently trained for participation. I have consulted with a medical doctor with regard to my personal medical needs. I have no health related reasons or problems which preclude or restrict my participation in the camps. Furthermore, I understand the ramifications that may occur by my participation in my particular sport. I also attest that I know and understand the rules of my sport and I promise to follow these rules and not to utilize illegal or unsafe techniques or engage in conduct that may put others or me at increased risk.

**MEDICAL CARE & COVERAGE:** I recognized that Waldorf University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the camps. Waldorf University may (but is not obligated to) take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses related thereto and release Waldorf University from any liability for such actions. I also agree to assume responsibility for taking good care of all equipment issued to me and reporting any defects to the coach or board certified athletic trainer. I also assume full responsibility for immediately reporting any and all injuries to the athletic trainer/coach in a timely manner (within 24 hours of the occurrence).

**VALUABLES:** I understand that I am solely responsible for keeping safe any of my valuables and/or personal property that I bring with me to the camps. I waive all claims against the University and its staff for any losses due to my failure to properly safeguard them.

**RELEASE OF LIABILITY:** I hereby release and discharge Waldorf University, its affiliated organizations, owners, offices, employees, agents, or contractors from all actions, claims or demands that I, my heirs, guardians, legal representatives, or assigns now have or may hereafter have for injury, illness, or damage resulting from negligence or other acts associated with my participation in this activity.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and contract between me and Waldorf University and I sign on my own free will. I have had any questions about it answered to my satisfaction.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Athlete is under 18 years of age, a Parent/Guardian must provide their signature.

Parent/Guardian's signature: \_\_\_\_\_

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Grade (2016-2017) \_\_\_\_\_ T-shirt Size: YS YM YL XS S M L XL XXL

Participants Name (please print) \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Email \_\_\_\_\_