



COVENANT NOT TO SUE AND AGREEMENT TO HOLD HARMLESS

ATHLETIC CAMPS

In consideration for receiving permission for my child to participate in an athletic camp on the campus of Henderson State University, I, the undersigned, execute this Covenant Not to Sue and Agreement to Hold Harmless voluntarily to bind my child, myself and my family and heirs. I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, AND AGREE TO HOLD HARMLESS for any and all purposes Henderson State University Summer Camps, Henderson State University; the Board of Trustees of Henderson State University; the officers, servants, agents, volunteers, or employees of the university; and the other entities involved in the organization of the athletic camp (herein referred to as RELEASEES) FROM ANY AND ALL LIABILITIES, CLAIMS, DEMANDS, OR INJURY, INCLUDING DEATH, that may be sustained by me while my child is a participant in the activity, using equipment owned or provided by the RELEASEES or while on the premises owned or leased by RELEASEES, including injuries sustained as a result of the negligence of RELEASEES. I know of no medical reason why my child should not participate in this activity.

I am fully aware that there are inherent risks involved with participating in this athletic camp, including but not limited to property damage and serious personal injury to my child, including death, and I choose to voluntarily allow my child to participate in the activity with full knowledge that doing so may be hazardous to my child and his or her property. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, PARALYSIS, AND HEAD TRAUMA** that may be sustained as a result of my child's participation, including injuries sustained as a result of the negligence of the releases. I further agree to indemnify and hold harmless the RELEASEES for any loss, liability, damage or costs, including court costs and attorney's fees that may occur as a result of my child's participation.

I am fully aware of the following:

1. That participation in the athletic camp may subject my child to potentially hazardous activities including but not limited to automobile travel and overnight accommodations in university residence halls.
2. That participation in the athletic camp may subject my child to potentially hazardous activities including but not limited to attending outdoor practices, traveling to activities, other athletic activities and other hazards.
3. That participation in the athletic camp may expose my child to environmental hazards including, but not limited to fires, lightning, flashfloods, tornados, thunderstorms, high winds and extreme heat or cold; natural elements such as wind, lightning and rain, dangerous terrain, dangerous animals, spiders and insects.
4. That these activities may be conducted in rural areas without prompt access to medical treatment or other emergency services.
5. That I agree that my child will engage in only those activities that she or he is physically capable of doing.
6. That I am responsible for properly equipping my child for the risks involved in this activity with personal medical supplies and equipment (such as a medical alert bracelet, insulin, or an epinephrine injector) to address any medical condition or allergy that affects my child.

CONSENT TO MEDICAL TREATMENT (OPTIONAL)

Parents or Guardians of participants under 18: In the event that your child is injured every effort will be made to contact you immediately using the information you have provided on this form so that you may make medical treatment decisions for your child. To provide for the event that your child is injured and in need of emergency medical treatment and we are unable to contact you, you may sign below to authorize medical treatment. I understand that this consent optional and I or my minor child may participate in the activities if I do not provide consent for emergency medical treatment.

Participant signature Date Participant's parent or guardian Date
(if Participant is under 18)

SIGNED this _____ day of _____, 20____.

Participant Information

Name _____ Gender M F

Current Address _____

Telephone _____ email _____

In Case of Emergency, contact:

Emergency contact name _____

Relationship to student _____

Emergency contact's primary telephone _____

Emergency contact's secondary telephone _____

Allergies, other medical conditions, disabilities, and/or other special needs:

Doctor's Name: _____ Phone: _____

Insurance: _____
(You are strongly encouraged to provide a copy of your insurance card, in case treatment is needed.)

Signature of Parent Signature of Student Date