



AGGIE SOCCER CAMPS

INSURANCE AND LIABILITY WAIVER & CONSENT FORM

- I understand that I am required to have accidental medical coverage for the child listed on this waiver, and I verify that the information provided on this form is accurate and true.
- I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.
- In case of an injury, I authorize the staff of Utah State University to render first aid.
- I understand that at the discretion of the camp supervisor and staff my child may be dismissed from the camps without refund for inappropriate behavior.
- I understand that at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child.
- I give permission to use, reprint and produce any photographs or videos taken of me or my child and written materials supplied by me or my child in the form of evaluation during the youth sports program.
- I hereby authorize the Heather Cairns' Aggie Soccer Camp staff to act for me in case an emergency and waive and release Heather Cairns' Aggie Soccer Camp from any and all liability for any and all injuries and illness occurred while at camp:

Parent/Guardian Signature: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact: _____ Phone Number: _____

Aggie Soccer camps

Informed Consent, Photo Release, and Permission for Participation in Activity

Participant's name: (please print) _____

Activity date and times:

July 16, 2011 9:00am – 4:00pm (ages 14-18) Goal Keepers/Goal Scorers

July 26-28, 2011 6:00pm – 7:00pm (ages 4-7) Lil' Aggie Camp

July 26-28, 2011 7:30pm – 9:00pm (ages 8-14) Aggie Camp

Description: USU AGGIE SOCCER Camps include the following but is not limited to- physical exertion, running, sliding, kicking, heading, slide tackling and any and all drills associated with the sport of soccer.

Transportation to and from activity: On their own

Special conditions of activity: Risks and dangers may include, but are not limited to, falls, falling objects and broken or improperly used equipment, which could result in damage to or loss of property, illness or disease, physical or mental injury or death of participant or other persons. Injuries that may result from participation in this activity may include, but are not limited to, cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.

Medical Condition: Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program or activities described above. Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write none if none):

If these conditions could cause a medical emergency during the program, a medical doctor has to be consulted prior to the program and a written statement must be obtained from the medical doctor stating that the condition should not be a problem during participation in the program. The doctor's statement must accompany this document.

Liability Release: I further agree to release Utah State University, its officers, employees, agents and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising out of participating in the aforementioned activity whether caused by negligence of releases or otherwise except that for which they are solely responsible.

Photo Release: Participants in USU events are sometimes photographed and videotaped for use in USU promotional and educational materials. I authorize USU to record and photograph my image and/or that of my child for use by USU or its assignees in research, educational and promotional programs. I understand these audio, video; film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation. Participant's name: _____

Participant's signature: _____

Under 18 years of age Parent(s) or Legal Guardian(s) Signature(s): _____

Date: _____

This form must be presented onsite the day of the program or before in order for you to participate. No exceptions!