

INFORMED CONSENT, ASSUMPTION OF RISK, RELEASE OF LIABILITY,

MEDICAL CONSENT AND WAIVER OF RIGHT TO SUE

PLEASE BRING WITH YOU TO CAMP REGISTRATION

DATE(S): _____ **CAMP TITLE:** _____

This agreement is given in consideration of my child's voluntary participation in the above named **CALIFORNIA STATE UNIVERSITY, STANISLAUS WARRIOR ATHLETICS CAMP**. I assume responsibility and confirm that my child is in adequate physical condition and physically able to perform these athletic activities.

INFORMED CONSENT WARNING AND ASSUMPTION OF RISK

- I understand that there are inherent risks and dangers associated with participation this event. Athletic and exercise activities are physically strenuous.
- I understand that participation may involve risks including but *not limited to*: aggravation of pre-existing injuries, strains/sprains, falls, bruises, broken bones, spinal injury, head and brain damage, permanent injury, disabilities and even death.
- **I agree to assume all risks, whether known or unknown to me, of my child participating in this activity.**

RELEASE OF LIABILITY

On behalf of myself and my heirs, **I hereby waive, release and discharge any and all claims** of damages for death, bodily injury, personal injury or property damage which my child may sustain, or which hereafter accrue to my child, against the State, the Trustees of the California State University, the Chancellor, California State University, Stanislaus, California State University, Stanislaus Auxiliaries, and Warrior Athletics (all of which are hereinafter referred to as "**University**") as a result of my child's participation in this event except for those liabilities, claims and costs arising from the sole active negligence of the University. This release is intended to indemnify and hold harmless the University, its officers, employees, agents and volunteers, from and against any and all liability arising out of or connected in any way with my child's participation in athletic and exercise activities, tryouts, training or practices except for the related sole active negligence of the University. It is further understood and agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I also give the University the **absolute right and permission to use my child's photograph** in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media, Web-site, or other forms of promotions. I release the University, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

MEDICAL CONSENT

If medical attention, beyond first-aid treatment, is required, I understand that an attempt will be made to contact me at the phone number I provide below. If contact with me is not made, **I give permission for medical attention to be administered** and my medical insurance to be contacted, as shown below.

ACKNOWLEDGEMENT AND AGREEMENT

I acknowledge that I have been fully informed of the risks and dangers involved in this activity. I acknowledge that I have read, agree, and fully understand the above Warning, Assumption of Risk, Release of Liability, Waiver and Medical Consent. **I understand that I am giving up important legal rights, including the right to sue. PARENT/GUARDIAN AGREEMENT (Applicable If Participant is a Minor, under 18 years old):** I am the Parent/Guardian of the below mentioned participant who is a minor child (under 18 Years old). By signing as Parent and Guardian, I agree as Parent and Guardian, on behalf of the Participant, to the entirety of the statements above.

Participant Name (Print): _____ Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Insurance Carrier: _____ Insurance Number: _____

Emergency Contact Name: _____ Emergency Contact Cell Phone: _____