

AppendixB
LIBERTY UNIVERSITY SPORTS MEDICINE
CAMPS / CLINICS EMERGENCY HEALTH INFORMATION & PARENTAL
AUTHORIZATION

(Please PRINT)

Participant's Name: _____ Soc. Sec. # _____ Date of Birth _____
 Address _____
 Phone #1 _____ Email Address _____
 Mother's/Guardian's Name _____ Date of Birth _____
 Mother's Day Phone _____ Mother's Evening Phone _____
 Father's Guardian's Name _____ Date of Birth _____
 Father's Day Phone _____ Father's Evening Phone _____
 Emergency Contact Name _____ Relationship _____ Phone _____
 Medical Insurance Co. _____ Policy # _____
 Date of Most Recent Tetanus Immunization? _____
 Medical Conditions (e.g. Allergies, Diabetes, Asthma, epilepsy, disabilities.) _____

Current Medications _____

			Explain if "Yes" to any questions
Have you been hospitalized within the last year?	Yes	No	_____
Have you had surgery in the last year?	Yes	No	_____
Have you suffered from a head injury in the last year?	Yes	No	_____
Have you ever suffered from a concussion?	Yes	No	_____
Do you suffer from asthma?	Yes	No	_____
Have you ever suffered a neck injury?	Yes	No	_____
Do you wear glasses or contacts?	Yes	No	_____

I hereby assume all risks of camp/clinic activity (including property loss or damage and death) that may result from any activity (including residence hall and/or dining hall activities) while my son / daughter is enrolled as a participant. As parent / guardian, I do indemnify, defend, and hold harmless the State of Virginia, Liberty University, its Board of Trustees , its Athletics Department, Liberty University sports camp/clinic in which my son/daughter is enrolled, and its officers, employees agents, coaches athletic trainers, and instructors and all participants in the sports camp/clinic program from any and all liability, including claims and suits at law or in equity, for injury, fatal or otherwise, and property loss or damage which may result from any negligence and/or the participant taking part in sports camp/clinic activities.

I certify that he/she is physically able to participate in the sports camp / clinic activities and has had a physical within the past year-to-date of the camp.

In the event of an injury, illness, and/or accident involving my son/daughter, I hereby give my consent for medical treatment and permission to a certified athletic trainer and/or his/her designee to supervise on-site first aid, to the appropriate camp/clinic personnel to properly transport my son/daughter to an appropriate medical facility for care, and in a licensed physician to hospitalize and secure proper treatment (including infections, diagnostic procedures, anesthesia, surgery, and/or other reasonable and necessary procedures) for my son/daughter. I agree to assume any and all costs related to such treatment. I hereby authorize my health insurance company to pay benefits for the costs of such treatment. I also authorize the disclosure of medical information to my insurance company for the purpose of any claim. I understand that each participant must provide his/her own medical insurance in order to participate in the aforementioned camp/clinic

I understand that I am responsible for any and all medical and/or other changes related to the aforementioned participant's attendance and participation in the LU Camps / Clinics Program. I also understand that registration is not considered complete until this completed and signed form is on file.

_____ **Parent or Guardian Signature**

_____ **Date**

LIBERTY UNIVERSITY SOFTBALL CAMPS -- ASSUMPTION OF RISK AGREEMENT

I desire to participate in a **LIBERTY UNIVERSITY SOFTBALL CAMP** ("Camp") provided by Dot Richardson Softball Series, Inc. at Liberty University's campus. In order to participate in the Camp, I agree to the terms below and assume all risks associated with my participation in the Camp, including those specifically identified below.

Risks:

THE CAMP HAS CERTAIN INHERENT RISKS WHICH MAY AFFECT ME, INCLUDING, BUT NOT LIMITED TO, PROPERTY DAMAGE OR LOSS, TEMPORARY OR PERMANENT BODILY INJURY, SICKNESS, DISEASE, AND EVEN DEATH. Specific risks that may be involved in the Camp include, but are not limited to: unwanted contact with other participants and their playing equipment, equipment failure, fast-moving playing equipment (including things like balls), contact with the playing surface and surrounding elements, environmental conditions (including weather), slipping, tripping, falling (including falling out of bunk beds, for overnight camps), and my individual susceptibility to harm or injury (whether known or unknown to me). The results of these and other inherent risks may include, but are not limited to, serious neck and spinal injuries, complete or partial paralysis and/or brain damage, serious injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of my musculoskeletal system, concussions, sprains, and other serious injury or impairment to other aspects of my body, and my general health and well-being.

Indemnification:

I agree to indemnify, defend, and hold harmless Liberty University, Inc., Dot Richardson Softball Series, Inc., and their officers and employees from any liability for injuries and property damage caused in any way by me.

Photography Consent:

I hereby grant Liberty University consent to use any photograph/likeness or video of me from Camp for marketing purposes.

Governing Law; Forum Selection:

This agreement will be governed by Virginia law. Any legal action arising out of or relating to this agreement must be brought in a state court sitting in Lynchburg, VA.

Medical Fitness and Treatment Authorization:

I agree that I am in sufficiently good health to participate in this Camp and that I am free from any medical condition, physical or mental, that could interfere with my ability to participate in Camp activities or that could be worsened by participating in those activities or that could endanger my health or safety or the health or safety of other participants. In the event of an injury, illness, and/or accident involving me, I hereby grant Camp personnel full authority to obtain or provide emergency hospitalization, surgical or other medical care, and transportation to a medical facility, all at my expense. I assert that either I have valid and current insurance coverage for any injury or damage I may cause or suffer while participating in the Camp, or I agree to personally bear the costs of such injury or damage, including any co-pays from secondary insurance, if available. I acknowledge that Liberty University does not provide health or accident insurance.

PARTICIPANT CONSENT (required of all participants, regardless of age)

BY SIGNING BELOW, I AGREE I HAVE CAREFULLY READ AND UNDERSTAND THIS AGREEMENT, I AGREE TO ALL OF THE TERMS ABOVE, AND HEREBY ASSUME THE RISKS ASSOCIATED WITH ACTIVITIES AT THE CAMP.

Signature of Participant: _____ Date: _____

Name of Participant: _____ Age: _____ Date of Birth: _____

PARENT/GUARDIAN CONSENT (required if the participant is less than 18 years of age)

As the parent and/or legal guardian to the minor participant identified above, I agree I have carefully read and understand this agreement, I agree to all of the terms above and adopt all representations, consents, and acknowledgements made by my child above, both personally and on behalf of the minor participant, and hereby assume the risk that the minor participant may be injured while participating in activities at the Camp and indemnify Liberty University and Dot Richardson Softball Series, Inc. as indicated above.

Signature of Parent/Legal Guardian: _____ Date: _____

Name of Parent/Legal Guardian (Print): _____