

SAN DIEGO STATE UNIVERSITY SPORTS CAMP

RELEASE OF LIABILITY, PROMISE NOT TO SUE, ASSUMPTION OF RISK AND AGREEMENT TO PAY CLAIMS

Name : _____ Date of Birth: _____ Camp: _____

Camp Date(s) and Time(s): _____

In consideration for being allowed to participate in this Activity, on behalf of myself and my next of kin, heirs and representatives, I release from all liability and promise not to sue the State of California, the Trustees of The California State University, California State University, San Diego State University and their employees, officers, directors, volunteers and agents (collectively "University") from any and all claims, including claims of the University's negligence, resulting in any physical or psychological injury (including paralysis and death), illness, damages, or economic or emotional loss I may suffer because of my participation in this Activity, including travel to, from and during the Activity.

I am voluntarily participating in this Activity. I am aware of the risks associated with participating in this Activity, which include but are not limited to cuts, scrapes, bruises, broken bones, pain, temporary or permanent disability (including paralysis), and/or death. I understand that these injuries or outcomes may arise from my own or other's actions, inaction, or negligence or the condition of the Activity location(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in this Activity.

I agree to hold the University harmless from any and all claims, including attorney's fees or damage to my personal property, that may occur as a result of my participation in this Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

In the event of bodily injury, I hereby give permission for authorized personnel to administer first aid and or contact emergency services necessary. If I need medical treatment, I agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance. I also understand that campers are required to report all injuries to the camp athletic trainer. Any injury unreported during the camp, must be reported to the camp director within 24 hours after the camp's conclusion.

IF 18 AND OVER:

I am 18 years or older. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) promising not to sue the University, (c) and assuming all risks of participating in this Activity, including travel to, from and during the Activity. I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms. I have read this document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Participant Signature: _____

Participant Name (print): _____ Date: _____

IF UNDER 18:

I am the parent or legal guardian of the Participant. I understand the legal consequences of signing this document, including (a) releasing the University from all liability on my and the Participant's behalf, (b) promising not to sue on my and the Participant's behalf, (c) and assuming all risks of the Participant's participation in this Activity, including travel to, from and during the Activity. I allow Participant to participate in this Activity. I understand that

I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document. I have read this two-page document, and I am signing it freely. **No other representations concerning the legal effect of this document have been made to me.**

Minor Participant's Name (print): _____

Signature of Minor Participant's Parent/Guardian: _____

Name of Minor Participant's Parent/Guardian (print): _____

Date: _____

MEDICAL HISTORY

Family Physician: _____ City: _____ Date of most recent medical exam: _____

Insurance Provider: _____ Policy Number: _____

Does the camper: Yes No Please explain

	Yes	No	
Have a bone, joint, or muscle injury which required surgery within the past 6 months and has not been cleared for sports?			
Have any other medical condition which prevents participation in sports?			
Have any of the following:			
• allergies			
• asthma			
• diabetes			
• sickle cell trait positive			
• other medical condition			
Have a history of concussion?			
Take medication daily which will be needed during camp?			
Wear glasses or contact lenses during participation?			
Have any other medical condition which was not specified?			

Emergency Contact Information:

Primary contact:

Name: _____ Relationship: _____ Phone: _____
(please circle) home work cell

Secondary contact:

Name: _____ Relationship: _____ Phone: _____
(please circle) home work cell

SDSU athletic trainer review

 SDSU AT (signature) YES NO: _____ Date _____
Approved