

HOYA FOOTBALL CAMP
ASSUMPTION OF RISK, WAIVER OF LIABILITY and
PARENT/GUARDIAN PERMISSION FORM

CAMPER NAME: _____

In order to participate in a Georgetown University Hoya Football Camp, each participant must submit completed versions of this Assumption of Risk, Wavier of Liability and Parental Permission Form and the accompanying Health Form. Participants who have not completed both forms will not be permitted to participate in camp activities until they are received.

AGREEMENT TO PARTICIPATE

To ensure that you and your parents understand and accept the risks of participation in Hoya Football Camp, you both must indicate your understanding and agreement by signing on the appropriate lines below.

CAMPER AGREEMENT

I affirm that my participation in the Hoya Football Camp is entirely voluntary, and understand that participation in the Hoya Football Camp involves a risk of injury due to certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries, such as, but not limited to, the following: contact with other individuals playing in the game; contact with the floor, walls, goals, posts or equipment which are part of the playing area; and strenuous exertions, quick movements, and changes of speed, which place stress on the cardiovascular, muscular, and skeletal systems. The specific risks vary from (1) minor injuries such as scratches, bruises and sprains, to (2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions, to (3) catastrophic injuries including paralysis and death. I understand that if I have questions about possible hazards, it is my responsibility to seek additional information from the Hoya Football Camp staff prior to signing this Form. I also understand that, despite safety precautions, neither the Hoya Football Camp nor Georgetown University can guarantee that I will not be injured. I agree to assume these risks.

I understand that the best way to make sure that I remain safe and avoid injury is to follow the rules, regulations and instructions of the staff of the Hoya Football Camp. I agree that I will learn and obey all the rules and regulations and will follow all instructions of the staff of the Hoya Football Camp.

PARENT/GUARDIAN AGREEMENT

I agree to allow my child/ward to participate in the Hoya Football Camp and affirm that my child's/ward's participation is completely voluntary. I understand that there are risks inherent in the activities my child will engage in at the Hoya Football Camp (some of which are described above) which may cause serious injury or even death. I also understand that, despite safety precautions, neither the Hoya Football Camp nor Georgetown University can guarantee that my child/ward will not be injured. My child/ward and I are willing to assume these risks. To minimize the risk, I have instructed my child/ward to obey all the rules, regulations and instructions of the Hoya Football Camp.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, RELEASE & AGREEMENT NOT TO SUE: In consideration for permitting me/my child/ward to participate in the Hoya Football Camp, I voluntarily agree, for myself, my heirs, executors, and administrators, to the following:

TO ASSUME FULL RESPONSIBILITY FOR ANY RISKS OR LOSS, OR PERSONAL INJURY, INCLUDING DEATH that may be sustained by me/my child/ward, or any loss or damage to property owned by me/my child/ward, as a result of training for, participating in, or traveling to or from the Hoya Football Camp.

1. **TO RELEASE, WAIVE, HOLD HARMLESS, DISCHARGE, & AGREE NOT TO SUE** the person or entity responsible for administering the Hoya Football Camp, Georgetown University, or its trustees, officers, employees, agents, students, and staff (hereinafter referred to as "releasees") from any and all liability, claims, actions, demands, expenses, attorneys fees, breach of contract actions, breach of statutory duty, or other duty of care, warranty, strict liability actions, and causes of action whatsoever, that I might now have or may acquire in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, while training for, traveling to or from, or participating in the Hoya Football Camp including, but not limited to, any claim that the act or omission complained of was caused in whole or in part by the negligence or carelessness of the releasees.

MEDICAL EVALUATION: I understand that I must obtain a medical evaluation and doctor's approval prior to participation in the Hoya Football Camp, and submit a completed Health Form. I understand that I should obtain health insurance coverage prior to participating in the Hoya Football Camp. I further understand that I will be responsible for my medical expenses.

PHOTO RELEASE: I give permission for photographs taken of me/my child/ward while participating in the Hoya Football Camp to be used in marketing/public relations material in the promotion of Hoya Football Camp.

By signing below, I acknowledge that I have read, understand and agree to the terms outlined above:

Parent/Guardian Name _____

Signature _____ Date _____

Camper Name _____

Signature _____ Date _____

THE HOYA FOOTBALL CAMP HEALTH FORM

In order to participate in a Hoya Football Camp, each participant must submit completed versions of this Health Form, which certifies that they are physically able to participate in camp activities, and the Assumption of Risk/Parental Permission Form. Participants who have not completed these two forms will not be permitted to participate in camp activities until they are received.

Name _____ Birthdate _____ Sex _____ Age _____
Last First Middle Initial Month/Day/Year

Contact Information

Parents/Guardians _____ Home Phone(_____) _____ WorkPhone(_____) _____
Area Code & Number Area Code & Number

Home Address _____
Number & Street City State Zip Code

If parents/guardians not available in emergency, notify:

1. _____ Phone _____
Name (local contact)

Number and Street City State Zip Code

2. _____ Phone _____
Name

Number and Street City State Zip Code

Health History (check, give approximate dates, and any details you believe would be helpful)

Allergies:

Ear Infections _____ Hay Fever _____ Chicken Pox _____
Rheumatic Fever _____ Poison Ivy _____ Measles _____
Convulsions _____ Insect Sting _____ German Measles _____
Diabetes _____ Penicillin _____ Mumps _____
Behavior _____ Other? _____ Asthma _____

Operations or Serious Injuries (dates/description) _____

Chronic or Recurring Illness _____

Other Diseases or Details re: Above _____

Any specific activities to be restricted while participating in Hoya Football Camp? _____

Important: Please notify the campus if this camper is exposed to any communicable diseases during the three weeks prior to camp attendance.

This health form is correct as far as I know, and my child/ward has permission to engage in all camp activities, except as noted herein by me and/or the examining physician. In the event that I cannot be reached in an emergency, I hereby give the administrators of the Hoya Football Camp and any hospital or medical personnel they designate to provide any medical treatment which a medical provider deems necessary for the well being of my child/ward, including hospitalization, injections, anesthesia and/or surgery.

I further consent to non-emergency first aid for my child/ward while he/she is enrolled as a participant in the Hoya Football Camp, as deemed necessary by the staff of the Hoya Football Camp.

Signature of Parent/Guardian: _____ Date: _____

Medical Insurance Information:

Policy Holder Name _____ Relation to Camper _____

Insurance Company _____ Policy/Group # _____

MEDICAL EXAMINATION - To be filled out by licensed physician.

This examination should be performed within 12 months of arrival at camp. Examination for other purposes within this period is acceptable. Examination is for determining fitness to engage in strenuous activities.

Immunization History

Required immunizations must be determined locally. This is a record of dates of basic immunizations and most recent booster doses.

DTP Series _____	Booster _____	Tetanus Booster _____
Polio DPV (Sabin) _____	Booster _____	Typhoid _____
Measles vaccine (Live) _____		Tyberculin Test _____
German Measles (Rubella) _____		Mumps Vaccine (Live) _____
Smallpox _____		Other _____

Hgt. _____ Wt. _____ B.P. _____
Hgb. Test _____ Urinalysis _____

Eyes _____	Extremities _____
Glasses _____	Posture (spine) _____
Ears _____	Skin _____
Nose _____	Allergy _____
Throat _____	Lungs _____
Teeth _____	Abdomen _____
Heart _____	Hernia _____

General Appraisal: _____

For Girls & Women

Has this person menstruated? _____ If so, is her menstrual history normal? _____
If not, has she been told about it? _____ Special considerations: _____

List any significant injuries, illnesses or emotional conditions about which the Hoya Football Camp should be aware:

Recommendations and restrictions while in camp:

Special diet _____

Special medicine (name it) _____ Is parent sending it? _____

Swimming/Diving _____

Strenuous activity _____

Other _____

Allergies to Medicine _____

I have examined the person herein described and have reviewed his/her health history. It is my opinion that he/she is physically able to engage in physically strenuous athletic camp activities.

Name of Examining Physician M.D. Signature of Examining Physician

Date _____ Phone: _____

Address _____