

CONCORDIA UNIVERSITY [INSERT NAME] PROGRAM

Name of Participant: _____ Date of Birth _____ Age _____

Address: _____ City _____ State _____ Zip Code _____

Home Phone _____

Parent/Guardian 1 _____ Best Contact number _____

Parent/Guardian 2 _____ Best Contact number _____

(I)(We) am/are the undersigned parent(s) or legal guardian of the Participant ("Participant"), whose name appears below, a participant in the Concordia University's ("CUI") [Insert Name] Program. (I)(We) understand the nature of the [] Program, and (I)(We) believe that Participant is qualified and in proper physical condition to fully participate in the CUI Program.

Consent to Participation and Risk

(I)(We) understand that participation in the CUI Program carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from activity to activity, but range from (1) minor injuries (e.g., scratches, bruises, strains, and sprains), to (2) major injuries (e.g., allergic reaction to art making materials and/or food), and to (3) catastrophic injuries (including paralysis and death). Additional risks to Participant include, but are not limited to, damage or loss to personal property or other economic damage and loss. Such risks are present before, during and after CUI Program activities (e.g., during breaks, lunch recess and drop-off and pick-up times).

(I)(We) have read the previous paragraph, and (I)(We) know, understand and appreciate these and other risks are inherent in participation in the CUI Program. (I)(We) hereby acknowledge that Participant's participation in the CUI Program is voluntary, and (I)(We) knowingly consent to Participant's participation in the CUI Program and assume full responsibility for any and all such risks.

(I)(We) agree and acknowledge that Participant will abide by all safety requirements and instructions given to Participant by any and all CUI personnel during participation in the Program.

Medical Treatment

(I)(We) authorize Concordia University-Irvine staff and Faculty (collectively) the right to give consent for and authorization to obtain any medical and /or dental care for participant including but not limited to emergency diagnostic procedure, medical, dental, surgical care, hospitalization and travel related thereto that CUI deems advisable and which the physician, dentist or hospital personnel deems advisable and to provide these health care providers with any personal health information regarding participant, including but not limited to this form.

(I)(We) understand that CUI cannot guarantee the accessibility of medical/dental services or transportation and that this consent and authorization is given in advance of any specific diagnosis or treatment. It is further understood that (I)(We) assume full responsibility for payment of any and all costs and expenses related to the medical/dental care, surgical care, hospitalization and travel related thereto.

Emergency Contact if Parent or Guardian is Unavailable

Name _____ Relationship to Participant _____

Best Contact number _____

Insurance Company _____ Group or Policy Number _____ Phone number _____

Policyholder name _____

Date of last Tetanus Shot _____

List Allergies and current medications, if any _____

Medical Conditions or limitations on activities _____

Deleted: _

The CUI Program will only allow authorized individuals (18 years or older) to pick up the Participant. Prior written consent (and proper I.D.) is required for the Participant to be picked up by any individual not listed below.

The following individuals are authorized to pick up the Participant from the CUI Program (use additional sheets if necessary):

1. Name: _____ Relationship to Participant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

2. Name: _____ Relationship to Participant: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Waiver of Liability and Indemnification

(I)(We), in consideration for Participant being accepted into and allowed to participate in the CUI Program, for the Participant, myself/ourselves, and our heirs, personal representatives and assigns, do hereby waive, release, discharge and covenant not to sue CUI, its CUI affiliates and its/their trustees, officers, employees, agents and volunteers, from liability from any and all claims, including the negligence of CUI, its affiliates, and its/their trustees, officers, employees, agents and volunteers, myself/ourselves, heirs, personal representatives and assigns resulting in damage or loss to me/ourselves/heirs/personal representatives/assigns or our property including, but not limited to, personal injury (including death), accidents or illness, and property damage, loss, or other injury arising from, but not limited to, participation in the CUI Program whether the risks are known or unknown to me.

(I)(We) agree to indemnify and hold CUI, its officials, trustees, faculty, employees, volunteers and agents harmless from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities (including attorneys' fees) brought as a result of Participant's involvement in the CUI Program, and (I)(We) also agree to reimburse CUI for any such expenses incurred by it. Further, I shall defend at my own expense, including attorneys' fees, CUI and their officials, officers, employees, volunteers and agents in any action or proceeding, legal, administrative or otherwise, based upon such acts, omissions or willful misconduct.

Acknowledgement of Understanding

(I)(We) have carefully read this consent to participation and risk, waiver of liability, medical treatment and indemnity agreement, fully understand its terms, and understand that (I)(We) am/are giving up substantial rights, including the right to sue. (I)(We) acknowledge that (I)(We) am/are signing this agreement freely and voluntarily and, by signing below, (I)(We) intend this agreement to be a complete and unconditional release of all liability to the greatest extent allowed by law. If any portion of this agreement is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. (I)(We) understand that this form is in effect from the dated signed and furthermore that it is (my)(our) responsibility to notify CUI in writing of any changes to this form. (I)(We) understand we may consult with legal counsel prior to signing this Agreement.

Participant's Name (Print): _____ Age: _____

Date: _____ Parent(s)/Guardian(s) (Sign): _____

Print Name(s): _____

Date: _____ Parent(s)/Guardian(s) (Sign): _____

Print Name(s): _____

Participants 18 years old or older must date and sign here.

I am the Participant referred to herein. I am ____ years old. I have read, and I understand, all of the terms and conditions above and I agree to be bound by all of them.

Date: _____ Participant (Sign): _____

ASSUMPTION OF RISK/VERIFICATION OF INSURANCE

This is to verify that the above named insurance policy will apply to injuries and follow up care incurred as a result of athletic participation for Concordia University Camp & Clinics and that it will pay for medical charges incurred at any location where illness, injury or follow up treatment should occur. Concordia University athletic insurance covers only “accidental bodily injuries” occurring as a direct result of athletic participation. Concordia University’s insurance will not cover any charges due to re-injury of a previous medical condition.

In consideration of Concordia University permitting my son/daughter to participate in a Concordia Camp/Clinic and to engage in all activities related to the Camp/ Clinic, including, but not limited to hitting, practicing or playing in that sport, I hereby assume all the risks of my son/daughter associated with participation and agree to hold Concordia University, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with his/her participation in any activities related to Concordia University camps.

The terms hereof shall serve as a release and assumption of risk for my son’s/daughter’s heirs, estate, executor, administrator, assignees, and for all members of his/her family.

I have read and understand the risks as detailed in this agreement.

I am aware that playing/participating in any Camp/ Clinic can be dangerous in nature involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing include, but are not limited to, death, serious neck and spinal injury, injury to all parts of my body, and other aspects of the systems of the body. I understand that the dangers and risks of playing may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participation, I recognize the importance of following coaches and medical staff instructions regarding playing techniques, training and other camp rules, etc., and agree to obey such instructions.

In consideration of Concordia University permitting me to register for the Concordia University Camp or Clinic and to engage in all activities related to the Camps/ Clinics, including, but not limited to, hitting, practicing or playing in that camp, I hereby assume all the risks associated with participation and agree to hold Concordia University, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of actions, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Concordia University Camp/ Clinic. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I hereby give consent for the release of medical records concerning previous health care to be shared between the Athletic Trainer and Health Center of Concordia University.

I have read and understand the risks as detailed above for my participation in Concordia Athletics.

**Concordia University Irvine Athletics
Permission to Use Image**

I hereby grant Concordia University Irvine Athletics permission to use my likeness in a photograph, video, or other digital media (“photo”) in any and all of its publications, including web-based publications, without payment or other consideration.

I understand and agree that all photos will become the property of the Concordia University Irvine Athletics and will not be returned.

I hereby authorize Concordia University Irvine Athletics to edit, alter, copy, exhibit, publish, or distribute these photos. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photo.

I HAVE READ AND UNDERSTAND THE ABOVE PHOTO RELEASE. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE, OR, IF I AM UNDER 18 YEARS OF AGE, I HAVE OBTAINED THE REQUIRED CONSENT OF MY PARENTS/GUARDIANS AS EVIDENCED BY THE SIGNATURES BELOW. I ACCEPT:

Print Name

Signature

Date

If under 18, A PARENT and/or LEGAL GUARDIAN MUST SIGN

Individually and as Parent and/
Legal Guardian

Date